(*f*) the number of patients that are in the waiting list ?

A.—Sri T. CHANNIAH (Minister for Public Health and Local Self-Government).—

There are two Sanatoria in Bangalore, one in the Civil Station and one in Bangalore. Information in respect of both the Sanatoria is furnished.

(*a*) *T. B. Sanatorium, Civil Station, Bangalore.*

Year.			*Number.*
1949	...	...	94
1950	...	...	139
1951	...	...	138
1952	...	...	135
1953	...	...	212

(*b*) Nil
(*c*) 82.
(*d*) Nil.
(*e*) Nil.
(*f*) 413.

(*a*) *S.D.S. Sanatorium, Bangalore.*

Year.			*Number.*
1949	...	...	101
1950	...	...	142
1951	...	...	198
1952	...	...	184
1953	...	...	223

(*b*)—

Year.			*Number.*
1949	...	...	10
1950	...	...	7
1951	...	...	8
1952	...	...	5
1953	...	...	Nil.

(*c*) 150
(*d*) One pair of twin American sheds.
(*e*) 32.
(*f*) 365.

BUDGET FOR 1954-55—DEMANDS FOR GRANTS

Demand No. 19—Medical.

38. MEDICAL.

Mr. SPEAKER.—Motion moved :

"That a sum not exceeding Rs. 1,10,12,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Medical'"

I have arranged time like this :—

Till 3 P.M. Medical.
3-30 to 4-30 P.M. Public Health.
4-30 to 5 P.M. Miscellaneous.

Doctors for hospitals in Shimoga District

Sri S. R. NAGAPPASETTY (Shimoga).—Sir, I beg to move :

"That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (to bring to the notice of Government that there are no doctors in 25 hospitals of Shimoga District and to urge that immediate postings be made to such hospitals)."

ಈ ಖೋತಾ ಸೂಚನೆಯನ್ನು ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುತ್ತಾ ಒಂದೆರಡು ಅಂಶಗಳನ್ನು ಸಭೆಯ ಮುಂದೆ ಸೂಚಿಸುತ್ತೇನೆ. ಸರ್ಕಾರದವರು ಆರನೆಯ ತಾರೀಖು 441 ನೆಯ ಪ್ರಶ್ನೆಗೆ ಉತ್ತರವೀಯುತ್ತಾ 18 ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಡಾಕ್ಟರುಗಳಿಲ್ಲವೆಂದು ಹೇಳಿದರು. ಮಲೆನಾಡು ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಡಾಕ್ಟರುಗಳು ಬರುವುದಿಲ್ಲವೆಂದು ನಾಲ್ಕಾರು ವರ್ಷಗಳಿಂದ ಸರ್ಕಾರದವರು ಹೇಳುತ್ತಲೇ ಬಂದಿದ್ದಾರೆ. ಆದರೆ, ಅನೇಕ ಕಡೆಗಳಲ್ಲಿ ಆಸ್ಪತ್ರೆ ಕಟ್ಟಡಗಳಿಗಾಗಿ ಸಾರ್ವಜನಿಕರಿಂದ ಸರ್ಕಾರಕ್ಕೆ ಧನ ಸಂಗ್ರಹವಾಗಿದೆ. ಅನೇಕ ದಾನಿಗಳು ಮುಂದೆಬಂದು ಕಟ್ಟಡಗಳನ್ನು ಕಟ್ಟಿಸಿಕೊಟ್ಟಿದ್ದಾರೆ. ಆದರೂ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಪ್ರಾರಂಭಿಸಿಲ್ಲ. ಇದಕ್ಕೆ ಕಾರಣವೇನೆಂದು ಕೇಳಿದರೆ ಮಲೆನಾಡು ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಡಾಕ್ಟರುಗಳು ಬರುವುದಿಲ್ಲವೆಂದು ಹೇಳುತ್ತಾರೆ. ಡಾಕ್ಟರುಗಳನ್ನು ಸರ್ಕಾರದವರು ಅಲ್ಲಿಗೆ post ಮಾಡಿದರೆ, ಅವರು ಅಲ್ಲಿಗೆ ಹೋಗುವುದಿಲ್ಲವೆಂದು ಹೇಳಿದರೆ, ಸರ್ಕಾರದವರೇಕೆ ಅಂಥವರನ್ನು ಕೆಲಸದಲ್ಲಿಟ್ಟುಕೊಳ್ಳಬೇಕು ? ಎಷ್ಟೋ ಜನ ಆಫೀಸರುಗಳು ಶಿವಮೊಗ್ಗ ಜಿಲ್ಲೆಯನ್ನು ಬಿಟ್ಟು ಹೊರಗೆ ಹೋಗಲು ಇಷ್ಟಪಡುವುದಿಲ್ಲ. ಅಂಥಾದ್ದರಲ್ಲಿ ಈ ಡಾಕ್ಟರುಗಳು ಏನು ಕಾರಣದಿಂದ ಅಲ್ಲಿಗೆ ಹೋಗಲು ಇಷ್ಟಪಡುವುದಿಲ್ಲವೋ ಗೊತ್ತಾಗುವುದಿಲ್ಲ. ಈ ವಿಚಾರದಲ್ಲಿ ಸರ್ಕಾರದವರು ನಿದಾರ್ಕ್ಷಿಣ್ಯ ಮನೋಭಾವವನ್ನು ತಾಳಿ ಆ 18 ಆಸ್ಪತ್ರೆಗಳಿಗೂ ಡಾಕ್ಟರುಗಳನ್ನು ನೇಮಕಮಾಡುವುದಲ್ಲದೆ ಇನ್ನುಳಿದ 7-8 ಆಸ್ಪತ್ರೆಗಳಿಗೂ ಡಾಕ್ಟರುಗಳನ್ನು ನೇಮಿಸಿ ಅಲ್ಲಿನ ಜನರ ಕಷ್ಟವನ್ನು ನಿವಾರಣೆಗೊಳಿಸಬೇಕೆಂದು ಕೋರಿ ಈ ಖೋತಾ ಸೂಚನೆಯನ್ನು ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುತ್ತೇನೆ.

Mr. SPEAKER.—Cut motion moved :

"That the demand be reduced by Rs. 100."

ಶ್ರೀ ಎಚ್. ಎಸ್. ರುದ್ರಪ್ಪ (ಹೊನ್ನಾಳಿ).—ನನ್ನ ಮಿತ್ರರು ಈ ವಿಚಾರದಲ್ಲಿ ಈಗಾಗಲೇ ಸರ್ಕಾರದ ಮುಂದೆ ಕೆಲವು ಅಂಶಗಳನ್ನು ವ್ಯಕ್ತಪಡಿಸಿರುತ್ತಾರೆ. ಮಲೆನಾಡು ಪ್ರದೇಶದಲ್ಲಿ ಡಾಕ್ಟರುಗಳಿಗೆ ಅಭಾವ ವೆಂಬುದು ಬಹಳ ದಿನದ ರೋಗ. ಇದಕ್ಕೆ ಸರ್ಕಾರ ದವರು ಔಷಧಿಯನ್ನು ಕಂಡುಹಿಡಿಯಬೇಕು. ಆಸ್ಪತ್ರೆ ಗಳಿದ್ದೂ ಡಾಕ್ಟರುಗಳಿಲ್ಲದಿದ್ದರೆ ಈ ಆಸ್ಪತ್ರೆಗಳ ಪ್ರಯೋಜನ ಅಲ್ಲಿರುವ ಜನರಿಗೆ ಲಭಿಸುವುದು ಹೇಗೆ? ಬೇರೆ ಸ್ಥಳಗಳಿಂದ ಮಲೆನಾಡು ಪ್ರದೇಶಕ್ಕೆ ಡಾಕ್ಟರು ಗಳು ಹೋಗಲು ಇಷ್ಟಪಡದಿದ್ದರೆ, ಮಲೆನಾಡಿನಲ್ಲಿಯೇ ಹುಟ್ಟಿ ಮಲೆನಾಡಿನಲ್ಲಿಯೇ ಬೆಳೆದು, ಡಾಕ್ಟರು ಕೆಲ ಸಕ್ಕೆ ಅರ್ಹತೆಪಡೆದವರನ್ನು ಬಲಾತ್ಕಾರವಾಗಿ ಇಲ್ಲಿಗೆ ನೇಮಕಮಾಡಬೇಕು. ಮತ್ತು ಮಲೆನಾಡು ಪ್ರದೇಶ ದಿಂದ ವೈದ್ಯಕೀಯ ವ್ಯಾಸಂಗಕ್ಕೆ ಅರ್ಜಿ ಹಾಕಿಕೊ ಳ್ಳುವ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಹೆಚ್ಚು ಹೆಚ್ಚಾಗಿ ಅವಕಾಶ ವನ್ನು ಕಲ್ಪಿಸಿಕೊಡಬೇಕು. ಈ ವಿಚಾರದಲ್ಲಿ ಸರ್ಕಾ ರದವರು ದೊಡ್ಡ ಮನಸ್ಸುಮಾಡಿ ಮಲೆನಾಡಿನ ಆಸ್ಪ ತ್ರೆಗಳಿಗೆ ಜಾಗ್ರತೆಯಾಗಿ ಪರಿಹಾರ ಕಲ್ಪಿಸಲು ಡಾಕ್ಟ ರುಗಳನ್ನು ನೇಮಕ ಮಾಡುವ ಬಗ್ಗೆ ಸೂಕ್ತ ಪರಿಹಾರ ಮಾರ್ಗವನ್ನು ಕಂಡುಹಿಡಿಯಬೇಕೆಂದು ಒತ್ತಾಯ ಪೂರ್ವಕವಾಗಿ ಪ್ರಾರ್ಥಿಸುತ್ತೇನೆ. ಸರ್ಕಾರದವರ ಗಮನಕ್ಕೆ ಈ ವಿಷಯ ಬಂದು ಅವರು ಈ ವಿಷಯದಲ್ಲಿ ಹೆಚ್ಚು ತಿಳಿದಿರುವುದರಿಂದ ನಾನು ಹೆಚ್ಚಿಗೆ ಒತ್ತಾಯ ಮಾಡಬೇಕಾದದ್ದು ಅನಾವಶ್ಯಕ. ಸರ್ಕಾರದವರು ಈಗಲಾದರೂ ದೊಡ್ಡ ಮನಸ್ಸುಮಾಡಿ ಜಾಗ್ರತೆ ಒಂದು ಪರಿಹಾರ ಕಂಡುಹಿಡಿಯಬೇಕು. ಅಷ್ಟೇ ಅಲ್ಲದೆ ಈಗ ಸದ್ಯಕ್ಕೆ ಯಾರಾದರೂ ಡಾಕ್ಟರುಗಳು ಹೋಗುವವರಿದ್ದರೆ ಅವರಿಗೆ ಏನಾದರೂ ಸಹಾಯ ಮಾಡಿ ಈ ಆಸ್ಪತ್ರೆಗಳಿಗೆಲ್ಲಾ ಡಾಕ್ಟರುಗಳು ಹೋಗು ವಂತೆ ಮಾಡಬೇಕೆಂದು ಸರ್ಕಾರದವರಲ್ಲಿ ಒತ್ತಾಯ ಮಾಡುತ್ತೇನೆ.

Sri T. CHANNIAH (Minister for Public Health and Local Self-Government).—Mr. Speaker, Sir, the main reason why doctors posted to malnad do not readily join duty is that there are no suitable residential houses there. Many of the doctors who were posted to malnad did not like to stay there because of this. Another reason which they put forward is that there are no educational facilities for their children in malnad. Another reason why we have not been able to post doctors to the Health Units is lack of qualified personnel. Despite repeated advertisements in the Gazette, qualified candidates are not forthcoming to take up the posts. The pay and prospects are not attractive in the Public Health Department and this is yet another reason why they are unwilling to join the Health Department. The position is different with the Medical Department and qualified persons come forward and accept the posts in that Department. Though the scales of pay in the Health Department are attractive enough, for want of sufficient facilities in malnad areas there is not good response. Further, there is very little scope for private practice for doctors who enter the Health Department. It has thus become difficult to get sufficient number of qualified men for work in that department. Very recently Sir, we recruited a batch of five Health Probationers. I may therefore assure the Hon'ble Member that the Government also are very keen on posting doctors to malnad areas and more especially to Health Units. We earnestly hope and expect that our young men and women who are qualified for such posts will apply when the posts are advertised in the Gazette. But until qualified candidates are available in sufficient numbers and unless they come forward, it will be indeed very difficult for Government to post them to fill up the vacancies. I assure the Hon'ble Member once again that every possible effort will be made to see that doctors are posted to places where there are no doctors at present.

Sri S. R. NAGAPPA SETTY.—I seek leave to withdraw the cut motion, Sir.

The cut motion was, by leave, withdrawn.

Mobile dispensary in Chikmagalur District.

Sri G. PUTTASWAMY (Chikmagalur-Mudigere—Scheduled Castes).—Sir, I beg to move :

> "That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (to discuss proper arrangements to be made for the working of the Mobile Dispensary in Chikmagalur District)."

ಮಾನ್ಯ ಸಭಾಪತಿಗಳೇ, ಈ ಖೋತಾನಿರ್ಣಯ ವನ್ನು ಮಾನ್ಯ ಸಭೆಯಮುಂದೆ ಮಂಡಿಸುತ್ತಾ ನಾನು ಮೊನ್ನೆ ನಡೆದ ಶಾಸನಸಭೆಯ ಅಧಿವೇಶನದಲ್ಲಿ ಈ ವಿಚಾರವಾಗಿ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಿದ್ದೆ. ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಮಲೆನಾಡಿನಲ್ಲಿ ಸರಿಯಾಗಿ ಆಗಿಂದಾಗ್ಗೆ ಸಂಚಾರಮಾಡಿ ಕೆಲಸಮಾಡುತ್ತಾ ಇಲ್ಲ, ಸುಮಾರು 3 ವರ್ಷಗಳಿಂದ ಯಾವಯಾವ ಸ್ಥಳಗಳಲ್ಲಿ ಕೆಲಸಮಾಡಿವೆ, ಈ ಬಗ್ಗೆ ಎಷ್ಟೆಷ್ಟು ಹಣ ಖರ್ಚಾಗಿದೆ ಎಂಬ ಅಂಕಿಅಂಶ ಕೊಡಬೇಕೆಂದು ಕೇಳಿದ್ದೆ. ಅಂಕಿ ಅಂಶಗಳು ಶೇಖರಿಸಲಾಗುತ್ತದೆ ಎಂದು ಉತ್ತರ

ಬಂದಿರುತ್ತದೆ. ಈಗಲಾದರೂ ಆ ಅಂಕಿಅಂಶಗಳನ್ನು ಕೊಡಬೇಕು ಎಂದು ಕೇಳಿಕೊಳ್ಳುತ್ತೇನೆ. ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಹಟಾತ್ತಾಗಿ, ಒಂದೇ ಸಾರಿಗೆ, ಒಮ್ಮೆಗೇ ಹಳ್ಳಿಗಳಿಗೆ ಹೋಗುತ್ತಾ ಇದ್ದುದು ನಿಂತುಹೋದಪಕ್ಷದಲ್ಲಿ ಆ ಹಳ್ಳಿಯ ಜನಗಳಿಗೆ ಎಷ್ಟು ಕಷ್ಟವಾಗುತ್ತದೆ, ಅವರು ತಮ್ಮ ರೋಗಿಗಳಿಗೆ ಔಷಧವನ್ನು ಯಾವ ರೀತಿ ತೆಗೆದುಕೊಂಡು ಹೋಗಬೇಕು ಎಂಬ ವಿಚಾರವನ್ನು ಸ್ವಲ್ಪ ಯೋಚನೆ ಮಾಡಬೇಕು. ಯಾವ ದಿನ ಈ ಆಸ್ಪತ್ರೆ ಹೋಗಬೇಕೋ ಆ ದಿವಸ ಹಳ್ಳಿಯ ಜನರು ಆಸ್ಪತ್ರೆಬರುತ್ತದೆಯೆಂದು ಸಾಯಂಕಾಲದವರೆಗೂ ನಿರೀಕ್ಷಣೆಮಾಡಿ ನಿರಾಶರಾಗುತ್ತಿರುತ್ತಾರೆ. ಹಳ್ಳಿಯವರಿಗೆ ವರ್ತಮಾನ ಕೊಡದೆ ಹಟಾತ್ತನೆ ನಿಲ್ಲಿಸುವುದು ಸರಿಯಲ್ಲ. ಸ್ವಾಮಿ ಯಾವಯಾವ ತಾಲ್ಲೂಕುಗಳಲ್ಲಿ ಆಸ್ಪತ್ರೆಗಳಿಲ್ಲವೋ ಅಲ್ಲೆಲ್ಲಾ ಈ ಮೊಬೈಲ್ ಆಸ್ಪತ್ರೆಗಳು ಸಂಚಾರ ಮಾಡಲು ಏರ್ಪಾಡುಮಾಡದೇ ಇದ್ದರೆ ಜನಗಳು ರೋಗಗಳನ್ನು ನಿವಾರಣೆಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೆ ಎಷ್ಟು ಕಷ್ಟವಾಗಬಹುದೆಂಬುದನ್ನು ಸರ್ಕಾರದವರು ಯೋಚನೆಮಾಡಬೇಕು. ಮೊಬೈಲ್ ಆಸ್ಪತ್ರೆಗಳ ವ್ಯಾನ್ ಆಗಾಗ್ಗೆ ನಿಂತು ಕೆಟ್ಟುಹೋಗಿ ಜನಗಳಿಗೆ ಬಹಳ ತೊಂದರೆಯಾಗುತ್ತಿದೆ ಎಂದು ತಿಳಿದುಬರುತ್ತದೆ. ಈ ರೀತಿ ಆಗುವುದಾದರೆ ಏನು ಪ್ರಯೋಜನ? ಈ ಇಲಾಖೆಯಲ್ಲಿ ಒಂದು ಸಣ್ಣ ಪುಟ್ಟ ಸಾಮಾನು, ಸುಮಾರು 10 ರೂಪಾಯಿ ಬೆಲೆಯ ಸಾಮಾನು ಕೆಟ್ಟುಹೋದರೂ ಕೂಡ ಅವರು ಅದನ್ನು ಸ್ಥಳದಲ್ಲಿಯೇ ರಿಪೇರಿ ಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೆ ಅವಕಾಶವಿರುವುದಿಲ್ಲ. ಆ ಕಾರಣದಿಂದ ಅವರು ಇಲಾಖೆಯ ಮೇಲಾಫೀಸರುಗಳಿಗೆ ಬರೆಯುವುದರಲ್ಲೇ ಸುಮಾರು 3 ಅಥವಾ 6 ತಿಂಗಳು ಆಗುತ್ತದೆ. ಅದರಮೇಲೆ ಸಂಬಂಧಪಟ್ಟ ಕಾಗದ ಮಂಜೂರಾಗಿ ಬರಬೇಕಾದರೆ ವರ್ಷಾನುಗಟ್ಟಲೆ ಆಗುತ್ತದೆ. ಇಷ್ಟೆಲ್ಲಾ ಆದಮೇಲೆ ಆ ಇಲಾಖೆಯವರು ಕೊಟೇಷನ್ ಕಾಲ್‌ಫಾರ್‌ಮಾಡಿ, ಸಂಬಂಧಪಟ್ಟ ಆರ್ಡರುಗಳನ್ನು ಕೊಟ್ಟು ಸಾಮಾನು ಕೊಂಡುಕೊಂಡು ಕೊಡಬೇಕಾದರೆ ಬಹಳ ಕಾಲ ವಿಳಂಬವಾಗುತ್ತದೆ. ಈ ರೀತಿಯಾಗಿ ಸರ್ಕಾರದವರು ಯಾವ ಉದ್ದೇಶದಿಂದ ಈ ಡಿಸ್ಪೆನ್ಸರಿಗಳನ್ನು ಏರ್ಪಾಡು ಮಾಡಿದ್ದಾರೋ ಆ ಉದ್ದೇಶ ನೆರವೇರದೆ ಹಣ ವೃಥಾ ಖರ್ಚಾಗುತ್ತಿದೆ ಎಂದು ಹೇಳುತ್ತೇನೆ. ಅಲ್ಲದೆ ಈ ವ್ಯಾನ್‌ಗಳು ಬಹಳ ಹಿಂದೆ ಕೊಂಡುಕೊಂಡಿದ್ದ ವ್ಯಾನುಗಳಾಗಿವೆ. ಚೆನ್ನಾಗಿ ಕೆಲಸಮಾಡುತ್ತಿಲ್ಲ. ಆದ್ದರಿಂದ ಹೊಸ ವ್ಯಾನ್‌ಗಳನ್ನು ಸರ್ಕಾರದವರು ಕೊಂಡುಕೊಂಡು ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಕೆಲಸಮಾಡುವುದಕ್ಕೆ ಏರ್ಪಾಡು ಮಾಡಬೇಕು ಅಥವಾ ಪ್ರತಿ ಹಳ್ಳಿಗೂ ಎಂದರೆ ಕೊನೆಯಪಕ್ಷ 5 ಮೈಲಿಗಳಿಗೆ ಒಂದರಂತೆ ಆಸ್ಪತ್ರೆಗಳನ್ನಾದರೂ ಏರ್ಪಾಡು ಮಾಡಬೇಕು; ಈ ರೀತಿ ಏರ್ಪಾಡುಮಾಡಿ ಖರ್ಚುಮಾಡತಕ್ಕ ಹಣ ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ವಿನಿಯೋಗವಾಗುವಂತೆ ಸರ್ಕಾರದವರು ಕಾರ್ಯಕ್ರಮ ಕೈಕೊಳ್ಳಬೇಕೆಂದು ಹೇಳುತ್ತೇನೆ.

ಈಗ ಅನೇಕ ವರ್ಷಗಳಿಂದ ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳಿಗಾಗಿ ಖರ್ಚಾಗುತ್ತಿರುವ ಮೊಬಲಗನ್ನು ತೆಗೆದುಕೊಂಡರೆ ಅದೇ ದುಡ್ಡಿನಲ್ಲಿ ಕೆಲವು ಶಾಶ್ವತವಾದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಏರ್ಪಡಿಸಬಹುದಾಗಿತ್ತೋ ಏನೋ ಎಂದು ಅನ್ನಿಸುತ್ತದೆ. ಆದ್ದರಿಂದ ನಿರ್ದಿಷ್ಟವಾದ ಒಂದು ಕಾರ್ಯಕ್ರಮ ಕೈಕೊಂಡು ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ನಡೆಯುವಂತೆ ಏರ್ಪಾಡುಮಾಡುವುದು ಅತ್ಯವಶ್ಯಕ ಎಂದು ಹೇಳಿ ನಾನು ಈ ಮನವಿಯನ್ನು ಈ ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುತ್ತೇನೆ.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—Mr. Speaker, Sir, the Mobile Dispensary van at Chikmagalur went out of order on 10th November 1953 and it has since been sent for repairs to Messrs. Simpson & Company, Bangalore. The cost of the repairs is estimated at Rs. 400. The work of repairs is not yet completed and as soon as the van is ready to be put on the road it will be sent to Chikmagalur Hospital for service. There was some delay in the process of getting competent sanction for the relative estimates. In Chikmagalur and other hospitals where there are mobile dispensaries, Government have indicated that the authorities concerned should chalk out a programme to cover a group of villages during each month so as to cater to the needs of the patients in those villages. The mobile vans which are located in six places are working under a definite plan and they are covering groups of villages each month. The six places where these vans are sanctioned are Shimoga, Hassan, Chikmagalur, Mandya, Chitaldrug and Tumkur. In all these places the mobile vans are working and they have been catering to the needs of the patients in the rural areas. It is only in Chitaldrug and Mandya, these vans are not working. But in all the other four places, these vans are serving the needs of the villagers and we will try to see that the van of Chikmagalur which is out of order is repaired very early and put on the road and made to work on a planned basis.

Sri G. PUTTASWAMY.—I beg leave to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Mr. SPEAKER.—There are a series of cut motions in the name of Sri M. Palaniyappan. Cut Motions No. 16 and 17 are too general and they are inadmissible.

***Sri M. PALANIYAPPAN.**—Then I will take Sl. Nos. 11 and 13, Sir.

* Asterisk indicates that the speech has not been revised by the Member concerned.

Savings in the Medical Department

Sri M. PALANIYAPPAN (Ulsoor).—Sir, I beg to move:

"The demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (to elicit the information as to the total amount saved in Medical Department and the reasons for the same.)"

Sir, the Medical Department since a year or so, is very much reduced in efficiency and no proper treatment is accorded to the patients in all the hospitals. Dresses are not supplied to the menials and also medicines are not supplied properly. Whenever we approach the Director of Medical Services to arrange for supplying the necessary quota of medicine or dress or linen to the staff, he says that the quota allotted to the hospital is very much limited and the indented quantity could not be supplied. Due to non-supply of sufficient quantity of medicine, in most of the hospitals patients are left to take care of themselves. Most of the vacancies in the hospitals are not filled up and they say there is no sanction for these posts. With all these defects in the administration of these hospitals we see there is so much of saving in this Department. When there is so much of demand for proper medicine, cloth, linen and Doctors in several hospitals, I fail to understand the reason as to why Government should save lakhs of rupees in this Department. On the other hand, they should have found more money to be spent on this Department. Thousands of patients come to these hospitals with the fond hope of getting cured, but Government try to save money at the cost of these ailing people. I think, Sir, the Department requires some whipping. Then, Sir, in most of these hospitals there are no trained nurses though there is ample demand for trained nurses in these hospitals. Government should see that nurses are trained before they are appointed as such. But, we see that they have reduced the number of nurses to be trained just to show saving.

Another aspect which I wish to emphasise is, the bills of the Contractors must be cleared then and there. Bills are now kept back pending payment for months and months in the District Medical Officer's office. I request Government not to consider saving money in Medical Department as a criterion but spend all the money that is allotted to the Department by imparting better treatment and better facilities to the patients.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—Sir, there has been savings under certain items of expenditure for which amounts had been provided in the Budget of 1953-54. This is inevitable as administrative difficulties crop up and the amounts cannot be spent in full. Of the savings, a sum of Rs. 3 lakhs has been reappropriated for expenditure on other items by the Director of Medical Services. The saving is due in the main to the reason that microscopes for which orders have been placed have not yet been received. Posting of officers on lower scales of pay than the scales originally intended has caused some saving. Some of the dispensaries that were expected to be opened were not opened; savings are also due to that.

The other point raised by the Hon'ble Member was about the nurses in hospitals and their training. Sir, at present there are sufficient number of nurses who have had training in Bowring Hospital or other hospitals, *viz.*, Victoria Hospital, Krishnarajendra Hospital, Cheluvamba Hospital and Vani Vilas Hospital. The training given in the Bowring Hospital is of a higher standard than the training given in other hospitals. Of course, there are some vacancies of nurses. We have been insisting that nurses, after taking training in these hospitals, should serve in the Medical department.

The other point raised was about the delay in the office of the Director of Medical Services in passing contractors' bills for payment. No such instance has come to my notice and if specific instances of delay are brought

to my notice, I will see that suitable action is taken against those concerned.

*Sri SYDNEY A. THOMAS (Nominated).—Is it not a fact that in the Curzon Hospital while the work has been doubled the number of workers has been reduced and one of the reasons for this is that nurses who have undergone midwife's training have not received the money even after having completed their training period and so they leave the hospital ? They do not receive a pie while they are under training even though they are entitled to that and after completion of training they leave the hospital. This is the main reason why suitable nurses are not attracted for the post.

Sri T. CHANNIAH.—Very recently Government have ordered that for the period of midwifery training that is given in the Bowring Hospital, the stipend should be paid to the trainee concerned. The Director of Medical Services has been asked to pay the stipends.

Sri M. PALANIYAPPAN.—I seek leave to withdraw my cut motion.

The cut motion was, by leave, withdrawn.

Appointment of House Surgeons in Hospitals.

*Sri M. PALANIYAPPAN.—I beg to move :

"That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (to raise a debate on the necessity of appointing House Surgeons at Sir Haji Ismail Sait Gosha Hospital and at T.B. Sanatorium, Old Madras Road, Bangalore)".

Sir, this Gosha Hospital was started to accommodate 30 patients and now the strength is nearly 130 to 150. Hardly there are three doctors and they are working under great strain. Apart from the in-patients nearly 300 out-patients come there for treatment. These doctors work day in and day out. Therefore, additional doctors must be posted immediately. At least doctors who are in training period may be posted for the present.

Similarly, in the Old Madras Road, there is a T.B. Sanatorium. Only two doctors and three nurses are working there. 50 per cent of the patients in that hospital are ladies. There is not a single lady doctor to look after them. The hospital has grown in strength and it has been extended, but still the doctors are not enough to attend to the increased number of patients. So, I strongly feel that immediate relief must be given to the doctors by posting House Surgeons to these hospitals.

Mr. SPEAKER.—Cut motion moved :

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—Under the existing practice House Surgeons are appointed for work in major Hospitals like Victoria, Krishnarajendra and Vani Vilas Hospitals. Experienced persons who have specialised in T. B. will be posted to institutions like P. K. Sanatorium, S. D. S. Sanatorium and the T.B. Sanatorium, Civil Station. We have not received any request either from the Lady Curzon Hospital or T.B. Sanatorium, Bangalore, for posting of House Surgeons there.

Sri M. PALANIYAPPAN.—If there is a request, do Government consider ?

Sri T. CHANNIAH.—Yes, we will consider.

Sri M. PALANIYAPPAN.—I seek leave to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

2 P.M.

Lady Doctor for Thyamagondlu Hospital.

Sri D. M. GOVINDARAJU (Nelamangala).—Sir, I beg to move :

"That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (in order to raise a debate on the necessity of posting a lady doctor at Thyamagondlu Hospital, Nelamangala Taluk)."

ಸ್ವಾಮಿಾ, ನೆಲಮಂಗಲ ತಾಲ್ಲೂಕಿನ ತ್ಯಾಮಗೊಂಡ್ಲು ಗ್ರಾಮದ ಆಸ್ಪತ್ರೆಗೆ ಲೇಡಿ ಡಾಕ್ಟರೊಬ್ಬ

(SRI D. M. GOVINDARAJU.)

ರನ್ನು ನೇಮಿಸಬೇಕೆಂದು ಈಗ 2-3 ವರ್ಷಗಳಿಂದಲೂ ಸರ್ಕಾರದವರನ್ನು ಪ್ರಾರ್ಥಿಸುತ್ತಿದ್ದರೂ ಇನ್ನೂ ಅದಕ್ಕೆ ಅವರು ಗಮನ ಕೊಡದೇ ಇರುವುದು ವಿಷಾದಕರ. ಮೆಟರ್ನಿಟಿ ವಾರ್ಡ್ ಇದ್ದರೂ ಸಹ ಅಲ್ಲಿ ಒಬ್ಬರು ಲೇಡಿ ಡಾಕ್ಟರೂ ಇಲ್ಲದಿರುದರಿಂದ ಗರ್ಭಿಣಿ ಸ್ತ್ರೀಯರಿಗೆ ಅಲ್ಲಿ ಬಹಳ ಅನಾನುಕೂಲ. ಅಲ್ಲಿಗೆ ಲೇಡಿ ಡಾಕ್ಟರೊಬ್ಬರ ಅವಶ್ಯಕತೆ ಇದೆಯೆಂಬುದನ್ನು ಹಲವಾರು ಬಾರಿ ಅಲ್ಲಿನ ಗ್ರಾಮಸ್ಥರೂ, ಸಾರ್ವಜನಿಕ ಪ್ರತಿನಿಧಿಗಳೂ ಸರ್ಕಾರದ ಗಮನಕ್ಕೆ ತಂದಿದ್ದರೂ ಇದುವರೆಗೂ ಅದು ಕಾರ್ಯಗತವಾಗದಿರುವುದು ಶೋಚನೀಯ. ಈಗಲಾದರೂ ಸರ್ಕಾರದವರು ಈ ವಿಚಾರವನ್ನು ಸಹಾನುಭೂತಿಯಿಂದ ಪರಿಶೀಲಿಸಿ ಅಲ್ಲಿಗೆ ಲೇಡಿ ಡಾಕ್ಟರೊಬ್ಬರನ್ನು ಕೊಡಬೇಕೆಂದು ಪ್ರಾರ್ಥನೆ.

Mr. SPEAKER.— Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—The question of posting a lady doctor to the Thyamagondlu Local Fund Dispensary is considered not urgent. At present the dispensary has a bed strength of 6 and unless the bed strength is increased sufficiently it is not possible to post a lady doctor. There is already one midwife there to attend to delivery cases. There is also the dispensary doctor to look after the clinical work, dispensing of medicines, etc. If the bed strength for women section is increased to at least 8 or 10 or 12, then we will consider the desirability of posting a lady doctor.

Sri D. M. GOVINDA RAJU.—If it is increased by two more beds?

Sri T. CHANNIAH.—It must be at least 10 or 12.

Sri D. M. GOVINDA RAJU.—I seek leave to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Local Fund Dispensary at Bharmasagara (Construction of Wards).

Sri G. DUGGAPPA (Holalkere—Scheduled Castes).—Sir, I beg to move:

"That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (in order to raise a debate on the necessity of constructing wards attaching to the L. F. Dispensary at Bharmasagara, Chitaldrug Taluk)."

ಸ್ವಾಮಿ, ಭರ್ಮಸಾಗರವೆಂಬ ಗ್ರಾಮ ದಾವಣಗೆರೆಗೂ ಚಿತ್ರದುರ್ಗಕ್ಕೂ 40 ಮೈಲಿ ಫಾಸಲೆಯಲ್ಲಿದೆ. ಈ 40 ಮೈಲಿ ಫಾಸಲೆಯಲ್ಲಿ ಲೋಕಲ್ ಫಂಡ್ ಡಿಸ್ಪೆನ್ಸರಿಯಿರತಕ್ಕದ್ದು ಈ ಭರ್ಮಸಾಗರದಲ್ಲಿ ಒಂದೇ. ಇದು ಬಿಟ್ಟರೆ ಸಮೀಪದಲ್ಲಿ ಮತ್ತೆಲ್ಲಿಯೂ ಲೋಕಲ್‌ಫಂಡ್ ಡಿಸ್ಪೆನ್ಸರಿಯಾಗಲಿ, ಮೆಟರ್ನಿಟಿ ವಾರ್ಡಾಗಲಿ ಇಲ್ಲ. ಈ ಗ್ರಾಮದಲ್ಲಿರುವ ಲೋಕಲ್ ಫಂಡ್ ಡಿಸ್ಪೆನ್ಸರಿಗೆ attach ಆಗಿರುವ ಹಾಗೆ ವಾರ್ಡ್‌ಗಳನ್ನು ಕಟ್ಟಿಸಿಕೊಡಬೇಕೆಂದು ಗ್ರಾಮಸ್ಥರು ಹಣವನ್ನು ಬೇರೆ ಡಿಪಾಜಿಟ್ ಮಾಡಿರುತ್ತಾರೆ. ಅವರ ಮನವಿ ಇಷ್ಟೇ: ಸಮೀಪದಲ್ಲಿ ಎಲ್ಲಿಯೂ ಲೋಕಲ್ ಫಂಡ್ ಡಿಸ್ಪೆನ್ಸರಿಯಾಗಲಿ, ಮೆಟರ್ನಿಟಿ ವಾರ್ಡ್ ಆಗಲಿ ಇಲ್ಲ. ಆದುದರಿಂದ ಸರ್ಕಾರದವರು ಇದನ್ನು ಕಟ್ಟಿಸಿಕೊಡಬೇಕೆಂದು 8-10 ವರ್ಷಗಳಿಂದಲೂ ಕೇಳುತ್ತಿದ್ದಾರೆ. ಈ ಬಗ್ಗೆ ಪ್ರಶ್ನೋತ್ತರಗಳನ್ನು ಅಸೆಂಬ್ಲಿ ಮುಂದೆ ಕಳುಹಿಸಿ ಎಷ್ಟು ಒತ್ತಾಯಪಡಿಸಿದರೂ ಇದುವರೆಗೂ ಏನೂ ಫಲಕಾರಿಯಾಗಿಲ್ಲ. ಇದೀಗ ಈ ಮಾನ್ಯ ಸಭೆಯ ಸದಸ್ಯರಾದ ಶ್ರೀಮತಿ ಬಳ್ಳಾರಿ ಸಿದ್ದಮ್ಮನವರು ಹೆಬ್ಬಾಳ್ ಗ್ರಾಮದಲ್ಲಿ ಒಂದು ಮಾತೃಮಂದಿರವನ್ನು ಸ್ಥಾಪಿಸಿರುತ್ತಾರೆ. ಅಲ್ಲಿಗೆ ಅಕ್ಕಪಕ್ಕದಲ್ಲಿರತಕ್ಕ ಕಡೆಗಳಿಂದ ಹೆಣ್ಣುಮಕ್ಕಳ ಹೆರಿಗೆಗೂ ಹೆಚ್ಚು ಖಾಯಿಲೆಯಾದಾಗ ಶಮನ ಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೂ ಬರುತ್ತಾರೆ. ಇದು ಎಷ್ಟೋ ಸಹಕಾರಿಯಾಗಿದೆ. ಈಗಲಾದರೂ ಸರ್ಕಾರದವರು ಈ ವಿಚಾರದಲ್ಲಿ ಸಾವಧಾನ ಮನೋಭಾವ ತಾಳದೆ, ಅತಿ ತ್ವರಿತವಾಗಿ ಕಾರ್ಯಕ್ರಮವನ್ನು ಕೈಗೊಂಡು ಇಲ್ಲಿರುವ ಲೋಕಲ್ ಫಂಡ್ ಡಿಸ್ಪೆನ್ಸರಿಗೆ ಸೇರಿದ ಹಾಗೆ ಮೆಟರ್ನಿಟಿವಾರ್ಡನ್ನು ಕಟ್ಟಿಸಿಕೊಡಲು ಸಂಬಂಧಪಟ್ಟ ಅಧಿಕಾರಿಗಳಿಗೆ ಸೂಚನೆಕೊಡುತ್ತಾರೆಂದು ನಂಬಿ ಈ ಖೋತಾ ಸೂಚನೆಯನ್ನು ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುತ್ತೇನೆ.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—It is a fact that two gentlemen have donated a sum of Rs. 1,500: one Sri Mallappa has donated Rs. 1,000 and another Sanbasappa has donated Rs. 500 for the construction of maternity ward attached to the local fund dispensary in Bharmasagara, Chitaldrug Taluk. The District Medical Officer has recommended construction of the ward. The plan and estimate have also been got up. The resolutions from the District Board and the Indian Red Cross Society have not been received for meeting the initial and recurring charges. As soon as the resolutions are received from these two bodies to meet the initial and the recurring charges, action will be taken to put up the ward.

Sri G. DUGGAPPA.—I seek the leave of the House to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Mr. SPEAKER.—Sri S. Srinivasa Iyengar has given as many as 8 cut motions. He may select......

Sri S. SRINIVASA IYENGAR.—I will select Nos. 22, 24, 26 and 28 and the rest I will finish in one sentence or two.

Mr. SPEAKER.—No. There are two more demands and we have only a short time at our disposal. The Minister also must reply. That takes its own time. Select two for the time being. Which are those two ?

Sri S. SRINIVASA IYENGAR.—Then I will select 22 and 24.

Mr. SPEAKER.—No. 22 is general and inadmissible.

Sri S. SRINIVASA IYENGAR.—Then I select 24 and 28.

Sri P. R. RAMAIYA (Basavangudi).—Cut motion No. 44 is of a similar nature. If permitted I will speak after Sri Srinivasa Iyengar speaks.

Mr. SPEAKER.—Yes, you can support him.

Training given to Nurses

Sri S. SRINIVASA IYENGAR.—Sir, I beg to move :

> "That the demand under the Head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (in order to raise a discussion on the policy followed in the matter of giving training to nurses)."

At present training is given to nurses in various hospitals. The selection for training is made by the Head of the Department. The training is given for a period of three years. I submit that the training given today is far below the standard of that in other parts of India. I may be permitted to read what the Education Reforms Committee have said about nurses' training. They have said as follows :

> "There is a great need for trained persons in the fields of Nursing, Pharmacy, Public Health, etc., for which there is no organised training in the State at present. There are some facilities for training nurses but these are totally inadequate to meet the requirements of the State. It was brought to our notice that the standard of training in nursing here was much below that prevailing outside the State and that the Nurses trained in Mysore were not eligible for appointment outside. This situation must be set right soon."

I have moved this cut motion just to draw the attention of Government to these important observations by the Reforms Committee. More than medicine, it is the good work of nurses that will have a better effect on the patients. Unfortunately the present training does not conform to the standard existing outside. So far as nurses' training is concerned, I had an occasion to witness how pupils are trained. While I was an in-patient in the Victoria Hospital for some operation, I saw the nurses' training class. Most of them were from Malabar. I would like to know whether you could not get persons for training in the Mysore State itself. I would like to know also whether we cannot organise any institution wherein we can easily give training to many women who would be forthcoming for such training. I know that our women are not coming forward for the training. They have got some difficulties. Socially they feel that it is a profession which they cannot undertake. I am one who would like to see that nurses' profession is the best, because it is the nursing that is most important to a patient. It is the nurse who counts much in a hospital. Therefore I submit that the State should take some steps or they must think of some method by which they can encourage women of the higher status to get into nursing profession and to see that they get very good training as would conform to the standard prevailing in other parts of India. That is very necessary, Sir, and their salary and their method of living and conduct have a bearing on their work. I believe the Government do

(SRI S. SRINIVASA IYENGAR.)

realise the importance of the nursing profession. Sir, as it is, I think in Mysore State, in Bowring Hospital nurses' training is very good and I do not know why in other parts of the State we should not also give similar training.

Sir, further I would like to say that in most of the rural dispensaries many of these nurses are not up to the standard and in fact in the L. F. dispensaries, midwifery and nursing are attended by only one nurse there and if the nurse that is posted is not well-equipped and is not well-trained, then you can imagine the hardship that the people will be put to.

Sir, our women's dispensaries, *i.e.*, maternity dispensaries are very few in number and what is the facility that the Government have given so far as maternity hospitals are concerned in rural parts? Therefore I submit that the Government should immediately take steps to organise a central institution in some part of the State and to select women who are best fitted for the profession; give them encouragement by giving them good salary and good accommodation and good opportunities to serve the patients. That is all, Sir.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100.

ಶ್ರೀ ಪಿ. ಆರ್. ರಾಮಯ್ಯ.—ಸ್ವಾಮಿ, ಶ್ರೀ ಶ್ರೀನಿವಾಸ ಅಯ್ಯಂಗಾರ್ಯರು ಈ ನರ್ಸುಗಳ ಟ್ರೈನಿಂಗ್ ವಿಷಯ ಹೇಳಿದರು ಈ ಟ್ರೈನಿಂಗು ಅತ್ಯಂತ ಅಗತ್ಯ. ರೋಗಿಗಳ ಚಿಕಿತ್ಸೆ, ಔಷಧೋಪಚಾರ ಮುಂತಾದುವುಗಳಲ್ಲಿ ನರ್ಸುಗಳ ಶಿಶ್ರೂಷೆ ಹೆಚ್ಚು ಪರಿಣಾಮವನ್ನುಂಟುಮಾಡುತ್ತದೆ ಎಂಬುದನ್ನು ಎಲ್ಲರೂ ಬಲ್ಲರು. ನಮ್ಮ ದೇಶವಲ್ಲಿ ನರ್ಸಿಂಗ್ ಪ್ರೊಫೆಷನ್ ವಿಷಯದಲ್ಲಿ ಯಾವರೀತಿಯ ಒಂದು ಭಾವನೆ ಬರಬೇಕೋ, ಯಾವರೀತಿಯಲ್ಲಿ ಜನರು ನರ್ಸಿಂಗ್ ಪ್ರೊಫೆಷನ್‌ಗೆ ಬರಲು ಸಿದ್ಧರಾಗಿರಬೇಕೋ ಆ ರೀತಿ ಒಂದು ಭಾವನೆ ಮತ್ತು ಹೆಚ್ಚಿನ ಸಂಖ್ಯೆಯಲ್ಲಿ ಮುಂದೆ ಬರತಕ್ಕ ಸನ್ನಿವೇಶವಿಲ್ಲ. ಇದಕ್ಕೆ ಕಾರಣ ಅವರಿಗೆ ದೊರೆಯತಕ್ಕಂಥ ತಲಬು ಮತ್ತು ಇತರ ಸೌಕರ್ಯಗಳು ಸಾಕಾದಷ್ಟಿಲ್ಲ ಎಂಬುದಾಗಿ ಹೇಳಬೇಕಾಗುತ್ತದೆ.

ಈ ನರ್ಸುಗಳಿಗೆ ಕೊಡತಕ್ಕ ಸಂಬಳವನ್ನು ನೋಡಿದರೆ 75 ರಿಂದ 100 ರ ಒಂದು ಗ್ರೇಡು ಇದೆ; 45 ರಿಂದ 70 ರ ಒಂದು ಗ್ರೇಡು ಇದೆ. ಪ್ರೊಬೇಷನರಿ ನರ್ಸ್ ಎಂದು ಅವರಿಗೆ 30 ರೂಪಾಯಿ ಕೊಡುತ್ತಾರೆ. ಈ ಸಂಬಳಗಳು ಈಗಿನ ಕಾಲದಲ್ಲಿ ಸಾಕೇ? ಈ ನರ್ಸುಗಳು ಎಷ್ಟು ಒಳ್ಳೆಯ ಮನಸ್ಸಿಟ್ಟುಕೊಂಡು ರೋಗಿಗಳಿಗೆ ಶಿಶ್ರೂಷೆ ಮಾಡಬೇಕಾಗುತ್ತದೆಯೋ ಅದಕ್ಕೆ ಅನುಗುಣವಾಗಿಲ್ಲ ಎಂಬುದಾಗಿ ನಾನು ಹೇಳಬೇಕಾಗುತ್ತದೆ. ನಮ್ಮ ಬೆಂಗಳೂರು ನಗರದಲ್ಲೂ ಮೈಸೂರು ನಗರದಲ್ಲೂ ಈ ನರ್ಸುಗಳಿಗೆ ವಾಸಕ್ಕೆ ಮನೆಗಳು ಇಲ್ಲ; ಕೆಲವರಿಗೆ ಮಾತ್ರ ವಾಸಗೃಹಗಳು ಇವೆ. ಆದರೆ ಎಷ್ಟು ಜನ ನರ್ಸುಗಳು ಇದ್ದಾರೋ ಅವರೆಲ್ಲರಿಗೂ ಸಾಕಾದಷ್ಟು ವಾಸ ಗೃಹಗಳು ಇಲ್ಲ ಮತ್ತು ಈಚೆಗೆ ಕೆಲವು ವಾಸಗೃಹಗಳನ್ನು ಕಟ್ಟಿರುವುದರಲ್ಲೂ ಕೂಡ ಅವರು ಎಲೆಕ್ಟ್ರಿಕ್ ಚಾರ್ಜಸ್ ಮುಂತಾದುವನ್ನು ಕೊಡುತ್ತಾ ಇದ್ದಾರೆ. ಈಚೆಗೆ ಈ ಎಲೆಕ್ಟ್ರಿಕ್ ಚಾರ್ಜಸ್ ಮುಂತಾದುವನ್ನು ನರ್ಸ್‌ಸ್ ಕ್ವಾರ್ಟರ್ಸ್‌ನಲ್ಲಿ ವಾಸಮಾಡತಕ್ಕ ನರ್ಸುಗಳು ಕೊಡಬೇಕೆಂಬುದಾಗಿ ವಿಧಾಯಕ ಮಾಡಿರುವುದರಿಂದ ಅವರ ಜೀವನಕ್ಕೆ ತೊಂದರೆ ಜಾಸ್ತಿಯಾಗಿದೆ. ಈ ವಿಷಯದಲ್ಲಿ ಅವರು ಒಂದು ಡೆಪ್ಯುಟೇಷನ್ ಬಂದು ಮಂತ್ರಿಗಳಿಗೆ ಆ ಸಂಗತಿ ತಿಳಿಸಿದರು ಎಂಬುದಾಗಿ ನಾನು ಕೇಳುತ್ತೇನೆ. ಈ ವಿಷಯದಲ್ಲಿ ಮಾನ್ಯ ಮಂತ್ರಿಗಳು ಆಲೋಚನೆ ಮಾಡಿ ಅವರಿಗೆ ಎಲೆಕ್ಟ್ರಿಕ್ ಚಾರ್ಜಸ್ ಮುಂತಾದುವನ್ನು ಏನಾದರೂ ಹಾಕಿದ್ದರೆ ಅದನ್ನು ತಪ್ಪಿಸಿ, ಹಿಂದೆ ಯಾವರೀತಿ ಸರ್ಕಾರದವರು ಕ್ವಾರ್ಟರ್ಸ್ ಕೊಡುತ್ತಾ ಇದ್ದರೋ ಆ ರೀತಿ ಕೊಡುವುದಕ್ಕೆ ಏರ್ಪಾಡು ಮಾಡಬೇಕು. ಅವರಿಗೆ ಸರಿಯಾದ ವಸತಿ ಗೃಹಗಳ ಏರ್ಪಾಡನ್ನು ಮಾಡುವುದಕ್ಕೆ ಸರ್ಕಾರದವರು ಮನಸ್ಸು ಮಾಡಿಲ್ಲದೇ ಇರತಕ್ಕದ್ದು ಬಹಳ ಶೋಚನೀಯ. ಆಸ್ಪತ್ರೆಗೆ ಸರಿಯಾದ ಕಾಲಕ್ಕೆ ಬಂದು ಅವರು ರೋಗಿಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ಮಾಡಬೇಕಾದರೆ ಸರಿಯಾದ ವಸತಿ ಗೃಹಗಳಿಲ್ಲದಿದ್ದರೆ ಬಹಳ ತೊಂದರೆಯಾಗುತ್ತದೆ ಎಂಬುದು ಸರ್ಕಾರದವರಿಗೆ ತಿಳಿದಿರತಕ್ಕ ವಿಷಯ. ಇವರಿಗಾಗಿ ಕೆಲವು ಸೈಟುಗಳನ್ನು ಕೊಟ್ಟಿದ್ದಾರೆ ಎಂದು ಕೇಳುತ್ತೇನೆ. ಕಾರ್ಪೊರೇಷನ್ ಅವರೇ ಆ ಸೈಟುಗಳಲ್ಲಿ ವಸತಿ ಗೃಹಗಳನ್ನು ಕಟ್ಟುವುದಕ್ಕೆ ಏರ್ಪಾಡು ಮಾಡಬೇಕೆಂಬುದಾಗಿ ನಾನು ಸೂಚಿಸುತ್ತೇನೆ.

ಶ್ರೀ ಶ್ರೀನಿವಾಸಯ್ಯಂಗಾರ್ಯರು ಒಂದು ವಿಷಯವನ್ನು ಸೂಚನೆ ಮಾಡಿದರು. ನರ್ಸುಗಳಾಗಿ ಬರತಕ್ಕವರು ಅನೇಕರು ಮೈಸೂರಿನವರಲ್ಲ, ಹೊರಗಿನವರು ಇದ್ದಾರೆ; ಆದ್ದರಿಂದ ನಮ್ಮ ಮೈಸೂರಿನವರೇ ಇನ್ನೂ ಹೆಚ್ಚುಹೆಚ್ಚಾಗಿ ಈ ಪ್ರೊಫೆಷನ್ನಿಗೆ ಬರಲು ಪ್ರೋತ್ಸಾಹ ಕೊಡಬೇಕು ಮತ್ತು ಮೇಲ್‌ದರ್ಜೆಯ ಜನಗಳು ಇದಕ್ಕೆ ಬರುವ ಹಾಗೆ ಇಂಡ್ಯೂಸ್ ಮಾಡಬೇಕು, ಸ್ಕಾಲರ್‌ಷಿಪ್ ಮುಂತಾದುವುಗಳನ್ನು ಕೊಟ್ಟು ಈ ನರ್ಸಿಂಗ್ ಪ್ರೊಫೆಷನನ್ನು ಗೌರವಯುತವಾಗಿಯೂ ಮತ್ತು ಆಕರ್ಷಣೀಯವಾಗಿಯೂ ಮಾಡಬೇಕು ಎಂಬುದಾಗಿ ನಾನು ಸೂಚಿಸುತ್ತೇನೆ. ಅವರ ಸ್ಟೇಟಸ್ ಅಥವಾ ಅಂತಸ್ತನ್ನು ಹೆಚ್ಚಿಸದೇ ಹೋದರೆ ಈ ನರ್ಸುಗಳ ಉದ್ಯೋಗಕ್ಕೆ ಸಾಕಾದಷ್ಟು ಜನರು ಬರುವುದಿಲ್ಲ ಎಂಬುದನ್ನು ಸರ್ಕಾರದವರು ತಿಳಿದುಕೊಳ್ಳಬೇಕಾಗಿದೆ.

ಇನ್ನೊಂದು ಮುಖ್ಯವಾದ ವಿಷಯ ಏನೆಂದರೆ: ನಮ್ಮ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ರೋಗಿಗಳ ಸಂಖ್ಯೆ ಜಾಸ್ತಿಯಾಗಿದೆ. ಯಾವ ಆಸ್ಪತ್ರೆ ತೆಗೆದುಕೊಳ್ಳಿ, ಬೆಂಗಳೂರಿನ ಆಸ್ಪತ್ರೆ, ಮೈಸೂರಿನ ಆಸ್ಪತ್ರೆ, ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಹೆಡ್‌ಕ್ವಾರ್ಟ್ಸರಿನ ಆಸ್ಪತ್ರೆ ಎಲ್ಲೇ ಆಗಲಿ in-patients ಗಳ ಸಂಖ್ಯೆ ಬಹಳ ಜಾಸ್ತಿಯಾಗುತ್ತಾ ಇದೆ. ಆದರೆ ಇಷ್ಟು

ಪೇಷೆಂಟ್‌ಗಳಿಗೆ ಇಷ್ಟು ನರ್ಸುಗಳು ಇರಬೇಕೆಂಬ ದಾಮಾಷಾ ಏನಿದೆ, ಅದು ನಮ್ಮ ಮೈಸೂರು ದೇಶದಲ್ಲಿ ಬಹಳ ಶೋಚನೀಯವಾದ ಸ್ಥಿತಿಯಲ್ಲಿದೆ. ಒಬ್ಬ ನರ್ಸು ಸರಿಯಾಗಿ ನೋಡಿಕೊಳ್ಳಬೇಕಾದರೆ 3 ಜನ ರೋಗಿಗಳನ್ನು ನೋಡಿಕೊಳ್ಳಬಹುದು. ಅದಕ್ಕಿಂತ ಹೆಚ್ಚಿನ ರೋಗಿಗಳನ್ನು ನೋಡಿಕೊಳ್ಳಬೇಕೆಂದರೆ ಆ ರೋಗಿಗಳಿಗೆ ಅವರ ಸಹಾಯ ದೊರೆಯುವುದಿಲ್ಲ ಮತ್ತು ಅವರಿಂದ ಸಮರ್ಪಕವಾಗಿ ಕೆಲಸ ನಡೆಯುವುದಿಲ್ಲ ಎಂಬುದನ್ನು ನಾನು ಇಲ್ಲಿ ಸೂಚಿಸಬೇಕಾಗುತ್ತದೆ. ಆದ್ದರಿಂದ ಈ ನರ್ಸುಗಳ ಸಂಖ್ಯೆಯನ್ನು ಇನ್ನೂ ಹೆಚ್ಚಿಸಬೇಕು. ಡಾಕ್ಟರುಗಳ ಸಂಖ್ಯೆ ಹೆಚ್ಚು ಮಾಡುವುದಕ್ಕಿಂತಲೂ ನರ್ಸುಗಳ ಸಂಖ್ಯೆ ಹೆಚ್ಚುಮಾಡಬೇಕೆಂಬುದಾಗಿ ಸೂಚಿಸುತ್ತೇನೆ.

ಇನ್ನೊಂದು ವಿಷಯ, ಲಂಡನ್ನಿನ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಎಷ್ಟು ಜನ ನರ್ಸುಗಳಿದ್ದಾರೆ, ಎಷ್ಟು ರೋಗಿಗಳಿಗೆ ಒಬ್ಬ ನರ್ಸು ಇರುತ್ತಾರೆ, ಅವರು ಯಾವ ರೀತಿಯಾದಂಥ ಸೌಕರ್ಯಗಳನ್ನುಂಟುಮಾಡಿದ್ದಾರೆ ಎಂಬುದನ್ನು ನಾವು ಅನೇಕ ಪತ್ರಿಕೆಗಳಲ್ಲಿ ಓದಿದ್ದೇವೆ. ನರ್ಸಿಂಗ್ ಪ್ರೊಫೆಷನ್ ಅನ್ನುವುದು ಅಲ್ಲಿ ಎಷ್ಟು ಆಕರ್ಷಣೀಯವಾಗಿದೆ, ಅಲ್ಲಿ ಸರ್ಕಾರ ಈ ವಿಷಯದಲ್ಲಿ ಎಷ್ಟು ಸೌಲಭ್ಯ ಕೊಟ್ಟಿದ್ದಾರೆ, ಎಂಬುದನ್ನು ನಮ್ಮ ಸರ್ಕಾರದವರು ಆಲೋಚನೆಮಾಡಿ ಅದಕ್ಕೆ ಗಮನ ಕೊಡಬೇಕು. ನರ್ಸಿಂಗ್ ಪ್ರೊಫೆಷನ್ ಎನ್ನುವುದು ಬಹಳ ಉನ್ನತವಾದದ್ದು ಎಂಬುದಕ್ಕೆ ನೈಟಿಂಗೇಲ್ ಎಂಬ ಇತಿಹಾಸ ಪ್ರಸಿದ್ಧಳಾದ ವ್ಯಕ್ತಿಯೇ ಒಂದು ನಿದರ್ಶನ. ನೈಟಿಂಗೇಲ್ ಎನ್ನುವವಳ ಹೆಸರು ಸಾಮಾನ್ಯವಾಗಿ ಅಕ್ಷರಸ್ತರೆಲ್ಲರಿಗೂ ಗೊತ್ತು ಎಂದು ನಾನು ತಿಳಿದುಕೊಂಡಿದ್ದೇನೆ. ನೈಟಿಂಗೇಲು ಯಾವಾಗ ಬರುತ್ತಾರೆ ಎಂಬುದನ್ನು ರೋಗಿಗಳು ಎಷ್ಟು ಕೂತೂಹಲದಿಂದ ಕಾದುಕೊಂಡು ಎದುರು ನೋಡುತ್ತಿದ್ದರು, ಅವಳ ಬರೀ ಬಾಯಿಮಾತಿನಿಂದಲೇ ಅವರಿಗೆ ಎಷ್ಟು ಉತ್ಸಾಹ ಬರುತ್ತಾ ಇತ್ತು ಎಂಬುದು ಚರಿತ್ರೆಯನ್ನು ಓದಿದರೆ ತಿಳಿಯುತ್ತದೆ. ಈ ರೀತಿ ಈ ನರ್ಸುಗಳ ಒಳ್ಳೆಯ ಮಾತಿನಿಂದಲೇ ಶ್ರಮ ಮತ್ತು ರೋಗ ಪರಿಹಾರವಾಗುತ್ತವೆ. ಔಷಧಿ, ಚಿಕಿತ್ಸೆ ಎಲ್ಲಕ್ಕಿಂತಲೂ ಒಳ್ಳೆಯಮಾತು ಬಹಳ ಮುಖ್ಯವಾದದ್ದು. ಆಹಾರ ಸೇವನೆ ಮಾಡಿಸಬೇಕಾದರೆ, ಔಷಧಿ ಕೊಡಬೇಕಾದರೆ ಬರೀ ಅದು ಒಂದು ಡ್ಯೂಟಿ ಎಂಬ ಭಾವನೆಯಿಂದ ಮಾಡದೆ, ಅದು ಒಂದು ದೇವರ ಸೇವೆ ಅಥವಾ ಒಂದು ಕಲೆ ಎಂದು ತಿಳಿದುಕೊಂಡು ಕೆಲಸಮಾಡಬೇಕು. ಆ ರೀತಿ ಒಂದು ದೃಷ್ಟಿಕೋಣ ಬರುವಂತೆ ಮಾಡುವುದಕ್ಕೆ ಸರ್ಕಾರದವರು ಗಮನ ಕೊಡಬೇಕು ಎಂದು ಹೇಳಿ ಇದನ್ನು ಸಭೆಯ ಗಮನಕ್ಕೆ ತಂದಿದ್ದೇನೆ.

Sri V. M. MASCARENHAS (St. John's Hill).—Sir, in supporting the cut motion brought by my friend Mr. Srinivasa Iyengar, I wish to bring to the notice of the Government, Sir, that the nursing profession in this State is in a most deplorable state. More than once, I have brought it to the notice of this House. Nursing is a most ill-paid profession. More than that, Government is fully aware of the fact that the nursing training given in the Bowring Hospital and Lady Curzon Hospital is the best. But yet the Government persist in lowering the standard of nursing in the other hospitals and now because of that they are thinking that it is high time that the nursing standards in the Bowring and Curzon Hospitals also is lowered. I fail to understand the wisdom of this move. Right from the beginning representations have been made and it has been brought home to the Government that this step is perfectly wrong and unwise. If you want to improve the nursing profession in the State, for heaven's sake, do not lower the standards in the Bowring and Curzon Hospitals. Already the salary that is paid to the nurses is considerably low being in the region of 40 or 50 rupees basic pay. When we are spending a crore of rupees on hospitals, there should not be any difficulty in spending a few more rupees on the nursing staff. You do not expect nurses to work for 12 solid hours quite against any labour regulations in the world to be paid a salary of Rs. 40 or Rs. 45 for this 12 hours' work handling more than 20 to 30 patients each day !! I cannot understand this. Is it simply because these poor girls have no representative to bring their case here ? Or is it because they continue to work in silence and without protest and they cannot make their voice heard in Government that the Government is taking such undue advantage ? How many times the Government has to be told that the nursing staff is in a most sorry state ? My own impression is, Sir, that if only we can have a good nursing service in the various hospitals, much better wook is likely to be turned out because what the patients need more than the medicine itself is good and careful nursing. I would like to have the number of nurses increased ; if this is impossible on financial grounds I would prefer less number of doctors and rather more number of nurses and nurses of the right type.

Will the Hon'ble Minister give me a definite assurance that during the year to come their nursing policy in the State will be as indicated by my friend Sri Srinivasa Iyengar and also as I have stated ?

2-30 P.M.

Sri SYDNEY A. THOMAS (Nominated).—I should like to say a few words in support of the cut motion moved by Sri Srinivasa Iyengar. Sri Mascarenhas has made out a very good case. The profession of nurse is described as the noblest profession; but in Mysore, I am afraid, it is the most helpless profession. They work day and night and there are many grievances under which they labour. There is no way for them to put forth these grievances. For example, when the hospital nurse is on duty she will not get even a plate of curry and rice. Under the Payment of Wages Act, for the purpose of calculating wages all allowances are taken into account. Sri Srinivasa Iyengar said, we could not attract people in the State to the nursing service and so only nurses of Malabar are recruited to the hospitals of the State. The reason for this is that they get small stipends. This stipend is not given to them even after they complete their training. The salary to nurses in Mysore State is the lowest, lower perhaps than Travancore-Cochin. That is why they do not come forward for this work. Recently it was brought to my notice that sisters who have put in 12 years of service in a certain hospital were asked to do Ayah's work due to inadequacy of staff sanctioned by the Director. This state of affairs must not continue. If there is any saving in the Medical Department, it is only due to not appointing the required number of nurses in the several hospitals.

ಶ್ರೀಮತಿ ಬಳ್ಳಾರಿ ಸಿದ್ದಮ್ಮ (ದಾವಣಗೆರೆ).—ಸ್ವಾಮಿ, ನರ್ಸುಗಳ ವಿಚಾರದಲ್ಲಿ ಶ್ರೀ ಶ್ರೀನಿವಾಸಯ್ಯಂಗಾರ್‌ರವರು ತಂದಿರುವ ಖೋತಾ ಸೂಚನೆಯನ್ನು ಅನುಮೋದಿಸಿ ಆ ವಿಚಾರದಲ್ಲಿ ಕೆಲವು ಮಾತುಗಳನ್ನು ಹೇಳುತ್ತೇನೆ. ನಮ್ಮ ದೇಶದ ಪರಿಸ್ಥಿತಿಯನ್ನು ಬಹಳವಾಗಿ ನೋಡಿದರೆ ಎಷ್ಟು ಜನ ಹೆಂಗಸರು ಈ ಕೆಲಸಕ್ಕೆ ಬಂದರೂ ಸಾಲದೆಂದು ಕಾಣುತ್ತದೆ. ದಾವಣಗೆರೆಯ ಒಂದು ಉದಾಹರಣೆ ಹೇಳುವುದಾದರೆ, 300 ಜನ ರೋಗಿಗಳಿರುವ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಕೇವಲ 6 ಜನ ಮಾತ್ರ ನರ್ಸುಗಳಿದ್ದಾರೆ. ಇದನ್ನೆಷ್ಟೋಸಲ ಗಮನಕ್ಕೆ ತಂದರೂ ಕೂಡ ಇದುವರೆಗೂ ಅಲ್ಲಿಗೆ ಹೆಚ್ಚಿಗೆ ನರ್ಸುಗಳನ್ನು ಹಾಕಿಲ್ಲ. ಕೇಳಿದರೆ ನರ್ಸುಗಳಿಲ್ಲವೆಂದು ಕೆಲವು ಸಲ ಹೇಳುತ್ತಾರೆ; ಮತ್ತೊಂದು ಸಲ 'ಏನುಮಾಡುವುದು, ಆ ಊರಿಗೆ ಬರುವುದಕ್ಕೆ ಕೆಲವರಿಗೆ ಮನಸ್ಸಿಲ್ಲ' ಎಂದು ಹೇಳುತ್ತಾರೆ. ಇದನ್ನು ನೋಡಿ ನರ್ಸುಗಳಿಲ್ಲದಿರುವುದು ನಿಜವೆಂದು ತಿಳಿದು ಎಷ್ಟೋ ಜನ ಹೆಂಗಸರು ನರ್ಸುಗಳ ಟ್ರೈನಿಂಗಿಗೆ ಅಪ್ಲಿಕೇಷನ್ ಹಾಕಿದರೆ, ಜನರ ಸೇವೆ ಆ ಮೂಲಕ ಮಾಡಿ ಅವರ ಜೀವನವನ್ನೂ ನಡೆಸಿಕೊಳ್ಳೋಣವೆಂದು ಮುಂದೆ ಬಂದರೆ, ಅವರಿಗೆ ಸೀಟು ಸಿಕ್ಕುವುದೇ ಕಷ್ಟ. ನಮಗೆ ಗೊತ್ತಿರುವಹಾಗೆ 3-4 ಜನರು ಅಪ್ಲಿಕೇಷನ್ ಹಾಕಿದರೂ ಅವರ ಪೈಕಿ ಯಾರನ್ನೂ ತೆಗೆದುಕೊಂಡಿಲ್ಲ. ಕಾರಣ ತಿಳಿಯದು. ಅದನ್ನು ವಿಚಾರಮಾಡಿ ತಕ್ಕ ವ್ಯವಸ್ಥೆ ಮಾಡಬೇಕು.

ಆಮೇಲೆ ಮಾತಾಡುತ್ತಾ ಶ್ರೀ ಶ್ರೀನಿವಾಸಯ್ಯಂಗಾರ್‌ರವರು ಇಂಗ್ಲೀಷಿನಲ್ಲಿ ಒಂದು ವಿಚಾರ ಹೇಳಿದರು. ಅದರ ಅಭಿಪ್ರಾಯ ಹೀಗಿರಬಹುದೆಂದು ಕಾಣುತ್ತದೆ. ಹೆಣ್ಣು ಮಕ್ಕಳು ನರ್ಸುಗಳ ಕೆಲಸ ಮಾಡುವುದಕ್ಕೆ ಲಕ್ಷಣವಾಗಿರಬೇಕೆಂದು ಕಾಣುತ್ತದೆ ಎಂದು ಹೇಳಿದಂತೆ ಕಂಡುಬಂತು. ಇದು ಮುಖ್ಯವಲ್ಲ; ಕರುಣೆಯಿಂದ ಮತ್ತು ಪ್ರೀತಿಯಿಂದ ಸೇವೆ ಮಾಡಿದರೆ ಸರಿ, ಒಟ್ಟು ಲಕ್ಷಣವಾಗಿರಬೇಕಾದ ಆವಶ್ಯಕತೆ ಕಾಣುವುದಿಲ್ಲ. ಟ್ರೈನಿಂಗ್ ಆಗಿರುವ ನರ್ಸುಗಳನ್ನು ನೋಡಿದರೆ ಅನೇಕವೇಳೆ ಹಣದ ಮೇಲೆ ಅವಲಂಬನವಿರುತ್ತದೆಯೇ ಹೊರತು ಸೇವೆ ಮಾಡುವ ಮನೋಭಾವ ಇರುವುದಿಲ್ಲ. ಯಾರಾದರೂ ಶ್ರೀಮಂತರು, ದೊಡ್ಡವರು ಬಂದರೆ ಸರಿಯಾಗಿ ನೋಡಿಕೊಳ್ಳುತ್ತಾರೆಯೇ ವಿನಾ ಬಡವರನ್ನು ಲಕ್ಷಿಸುವುದಿಲ್ಲ. ಹೀಗಾಗಬಾರದು. ಇದಕ್ಕೆ ಪೂರ್ಣವಾಗಿ ಗಮನಕೊಟ್ಟು, ಟ್ರೈನಿಂಗ್ ಕೊಟ್ಟು, ಚೆಕ್‌ಮಾಡಿ, ಈ ತರಹ ಮಾಡಬಾರದು, ಹಣದ ಮೇಲೆ ಲಕ್ಷ್ಯವಿಟ್ಟು ಕೆಲಸ ಮಾಡುವುದು ಸರಿಯಲ್ಲವೆಂಬುದನ್ನು ತಿಳಿಸಿ ಸರಿಪಡಿಸಬೇಕು; ಹಣದಾಸೆ ಪಡುವುದಕ್ಕೆ ಕಾರಣ ಅವರ ಜೀವನಮಟ್ಟ ಹೆಚ್ಚಿಸಿ ಅವರಿಗೆ ತೃಪ್ತಿಯಾಗುವಂತೆ ಸಂಬಳ ಸಾರಿಗೆ ಕೊಡಲು ಅವಕಾಶ ಮಾಡದಿರುವುದು. ಆದ್ದರಿಂದ ನರ್ಸುಗಳಿಗೆ ಸಾಕಷ್ಟು ಉತ್ತೇಜನ ನೀಡಬೇಕು ಮತ್ತು ಟ್ರೈನಿಂಗಿಗೆ ಅರ್ಜಿ ಹಾಕುವ ಪ್ರತಿಯೊಬ್ಬರಿಗೂ ಕಡ್ಡಾಯವಾಗಿ ಅವಕಾಶ ಕೊಡಬೇಕು; ಇಲ್ಲದಿದ್ದರೆ ಈ ಕೊರತೆ ನಿವಾರಣೆಯಾಗಲಾರದು. ಇಲ್ಲವೆಂದು ಹೇಳದೆ ಹೆಂಗಸರು ಎಷ್ಟು ಜನ ಬಂದರೂ ಟ್ರೈನಿಂಗ್ ಅವರಿಗೆ ಕೊಡಲು ಅವಕಾಶ ಕಲ್ಪಿಸಿಕೊಡಬೇಕು. ಈ ಕೆಲಸ ಸುಲಭವಾದುದು; ಇದಕ್ಕೆ ಹೆಚ್ಚು ವಿದ್ಯಾರ್ಹತೆ ಅನಾವಶ್ಯಕವೆಂದು ಕಾಣುತ್ತದೆ. ಸಾಧಾರಣವಾಗಿ ಕಲಿತಿದ್ದರೆ ಸಾಕು, ಥರ್ಡ್ ಇಯರ್ ಕ್ಲಾಸಿನಲ್ಲಿ ಓದಿರುವವರೂ ಈಗ ಕೆಲಸದಲ್ಲಿದ್ದಾರೆ. ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಅರ್ಹತೆ ಬೇಕಾಗಿಲ್ಲವೆಂದು ಕಾಣುತ್ತದೆ. ಅಲ್ಲದೆ ನಿರುದ್ಯೋಗದ ಪ್ರಶ್ನೆ ಬಹಳವಾಗಿರುವಾಗ ಈ ವಿಧವಾದ ಸೇವೆ ಮಾಡಲು ಅವಕಾಶ ಕಲ್ಪಿಸಿಕೊಟ್ಟರೆ ಎರಡು ವಿಧಗಳಲ್ಲೂ ಅನುಕೂಲವಾಗುತ್ತದೆ. ಆದ್ದರಿಂದ ನರ್ಸುಗಳ ಟ್ರೈನಿಂಗಿಗೆ ಹೆಣ್ಣುಮಕ್ಕಳಿಂದ ಎಷ್ಟು ಅರ್ಜಿಗಳು ಬಂದರೂ ಕೂಡ ಅವರಿಗೆಲ್ಲಾ ಟ್ರೈನಿಂಗ್ ಕೊಡಲು ಅವಕಾಶಮಾಡಿ ತನ್ಮೂಲಕ ನರ್ಸುಗಳ ಅಭಾವವನ್ನು ಹೋಗಲಾಡಿಸಬೇಕೆಂದು ಪ್ರಾರ್ಥನೆ ಮಾಡುತ್ತೇನೆ.

Sri T. CHANNIAH.—Mr. Speaker, Sir, at present two standards of training of nurses are in vogue, one in Bowring and Lady Curzon Hospitals, and the other in the Victoria and Krishnarajendra Hospitals. The training given in Bowring and Lady Curzon Hospitals is of

a higher order than that imparted in the Victoria and Krishnarajendra Hospitals. The basic educational qualification of the candidate eligible for training in the Bowring Hospital is a pass in the S.S.L.C. examination while that prescribed for the candidates selected for training in the other two hospitals is only fourth form course. Those who receive training in Bowring Hospital should, on completion thereof, take a public examination in Madras while it is not so in the case of nurses trained in other institutions. When some members of UNESCO visited these hospitals sometime back they expressed the view that the training imparted in the Victoria and Krishnarajendra Hospitals is not up to standard and should be upgraded. They felt that the standard of training given in the Bowring and Lady Curzon Hospitals is quite satisfactory. Though there is difference of opinion with regard to having a uniform standard of training in the State I personally feel that the standard in the Bowring and Lady Curzon Hospitals should be maintained because this standard has been recognised all over India. With a view to making the training course popular and to secure the required personnel, the Director of Medical Services is of the opinion that the basic qualification may be fourth form course and that the training given in Krishnarajendra and Victoria Hospitals is quite sufficient.

*Sri A. BHEEMAPPA NAIK (Molakalmuru).—Is it the opinion of the Director that nurses needed for the villages need not have any good training or is it that it is sufficient to appoint them anywhere in the State? If he appreciates the standard of training given in Bowring and Lady Curzon Hospitals, does he mean that such nurses need not be sent to villages? Why not give all the same intensive training and send them to villages?

Sri T. CHANNIAH.—Sir, personally I feel that the standard of training which is imparted at present in Bowring and Lady Curzon Hospitals should be maintained and should not be lowered. But there is a proposal by the Department that chances should be given to persons who have passed fourth and fifth form also to receive training and to work as nurses. Another point is that if the standard of Bowring and Lady Curzon Hospitals is to be maintained throughout the State it involves considerable extra expenditure. This question is being examined. Another Hon'ble Member said that the remuneration which they receive and the concessions which they now enjoy are quite inadequate and incommensurate with the service they render. Sir, different scales of pay exist in different departments. You all agree that it is a question of finance. At present, for a first grade nurse Rs. 75 is the basic pay which goes upto 100 and she is given ration allowance and uniform allowance as also the dearness allowance. Altogether, I think a first grade nurse gets more than Rs. 100. The second grade nurse gets a basic pay of Rs. 45 and goes upto Rs. 75, with ration allowance and uniform allowance as well as the dearness allowance. I quite realise the necessity for revising the scale of pay.

Now, as you are aware, there are no such conditions existing and Government do not consider the desirability of increasing the......

Sri P. R. RAMAIYA.—Are you giving house rent allowance?

Sri T. CHANNIAH.—Yes, in Bangalore nurses have been provided with quarters; not in all places, but in the Victoria Hospital and in the Bowring Hospital and in some of the major hospitals where quarters have been built and where there are no quarters they are given house rent allowance.

A MEMBER.—I do not think you give them this allowance in district headquarters.

Another MEMBER.—Even the house rent allowance that was being given formerly has been stopped.

Sri T. CHANNIAH.—My information is that they are given free quarters and where they have no free quarters. house rent allowance is paid to them,

Sri A. BHEEMAPPA NAIK.—Can you not make an authoritative statement? Who do you say 'my information is......'. When he definitely states that no house rent allowance is given, why do you say 'my information is'?

Sri T. CHANNIAH.—It is not possible to give an assurance unless we examine the financial aspect of each case.

Sri K. PATTABHIRAMAN (Kolar).—So far as house rent is concerned, it was being given and even now it is said that it is being given. If you find out that it is not given now, only we have made out a good case for it and in that case, why don't you restore it? That is all. There is no new policy in this.

Sri T. CHANNIAH.—If it is not given, I will consider the desirability of giving it.

Sri K. PATTABHIRAMAN.—That too in places where they are not given.

Sri T. CHANNIAH.—You mean in district headquarters and in mofussil places?

Sri K. PATTABHIRAMAN.—In district headquarters.

Sri T. CHANNIAH.—If they are not given house rent allowance that question will be considered favourably.

Sri N. HUCHMASTHY GOWDA (Huliyurdurga).—More than the district headquarters, in the villages they will not get houses. That is very important.

Sri T. CHANNIAH.—House rent allowance is given in Bangalore, Mysore and K.G.F. But in other places it is not given. The question of giving house rent in mofussil places and in district headquarters will be considered sympathetically.

With regard to the other points raised, namely, increasing the cadre strength of nurses, that also will be considered as and when necessity arises.

My friend Sri V. M. Mascarenhas said that instead of having a number of nurses it is better to have a few nurses......

Sri V. M. MASCARENHAS.—I did not say like that. I want the right type of nurses instead of untrained ones.

Sri T. CHANNIAH.—Even that will be examined. I am glad that he said that he wanted the right type of nurses instead of having nurses who are not trained and who have not got sufficient experience and training and lacking in general qualifications or in the training qualification. I am glad that he also agrees with me.

Sri Sydney Thomas referred to grant of ration and uniform allowance to nurses even when they are on privilege leave. The Mysore Services Regulations do not permit the nurses being given ration allowance when they are on privilege leave. They are not entitled to either the ration allowance or the uniform allowance.

Sri S. SRINIVASA IYENGAR.—He says that in that case you may amend the rules.

Sri T. CHANNIAH.—That is to be examined. Under the existing rules it is not possible to give them such allowance when they are on privilege leave.

With regard to the point raised by Srimathi Bellary Siddamma I will see to it next time. ಶ್ರೀಮತಿ ಬಳ್ಳಾರಿ ಸಿದ್ದಮ್ಮನವರು, ನರ್ಸಸ್ ಟ್ರೈನಿಂಗ್‌ಗಾಗಿ ಅರ್ಜಿಗಳನ್ನು ಹಾಕಿಕೊಂಡಿದ್ದ ಕೆಲವರಿಗೆ ಅವಕಾಶ ದೊರೆಯುಲಿಲ್ಲವೆಂಬ ಅಂಶವನ್ನು ಗಮನಕ್ಕೆ ತಂದರು. ಟ್ರೈನಿಂಗಿಗೆ candidates ಗಳಿಂದ application call for ಮಾಡಿದ ಸಂದರ್ಭದಲ್ಲಿ ಅವರಿಗೆ ಗುರುತಿರುವವರ ಪೈಕಿ ಯಾರಿಗಾದರೂ ಅವಕಾಶ ದೊರಕಬೇಕಾದರೆ ಅದನ್ನು ನನ್ನ ಗಮನಕ್ಕೆ ತಂದರೆ. ಅವಕಾಶ ಸಿಕ್ಕುವ ಹಾಗೆ ಮಾಡುತ್ತೇನೆ.

I hope the mover will withdraw the cut motion.

Sri S. SRINIVASA IYENGAR.—I beg leave to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Diploma Holders of the Ayurvedic and Unani College, Mysore (Registration).

Sri S. SRINIVASA IYENGAR (T.-Narsipur).—Sir, I beg to move:

> "That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (in order to impress on

Government the urgency of providing for the registration of the Diploma Holders of the Ayurvedic and Unani College, Mysore)."

In the last session of the Assembly I had the opportunity of discussing this subject under Rule 29. One thing I did not impress then was about registration of the Diploma-holders of the Ayurvedic and Unani College, Mysore. Some of them have settled in Madras and Bombay and they are practising in those places. By law in Bombay and in Madras, such of those who practise should get themselves registered. But unfortunately that registration is not in vogue in Mysore State. So the Diploma-holders did not know that they should get themselves registered and when they applied for registration the Government of Madras and the Government of Bombay said: 'We do not recognise your diplomas'. So they could not be registered. Just because they were practising without registration, they were prosecuted and I believe the Hon'ble Minister for Education must have run up to Bombay just to induce the Government of Bombay to withdraw those prosecutions. Such is the sorrowful state of affairs that our diploma-holders are experiencing. Government should immediately see that all the diploma-holders of the Ayurvedic and Unani College are registered as in other parts of India so that our diploma-holders whenever they go out to practise in other parts of India can easily get on.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

(Sri K. Prabhakar rose.)

Sri S. SRINIVASA IYENGAR.—Minister's reply, Sir.

Mr. SPEAKER.—No reply by the Minister.

ಶ್ರೀ ಕೆ. ಪ್ರಭಾಕರ್ (ನೆಲಮಂಗಲ-ಅನುಸೂಚಿತ ಜಾತಿಗಳು).—ಆಯುರ್ವೇದ ಮತ್ತು ಯುನಾನಿ ಔಷಧಿಗಳ ಪ್ರಾಮುಖ್ಯತೆಯ ವಿಚಾರ ಕುರಿತು ಒಂದೆರಡು ಅಂಶಗಳನ್ನು ಸರ್ಕಾರದ ಗಮನಕ್ಕೆ ತರಬೇಕಾಗಿದೆ. ಆಯುರ್ವೇದ ಮತ್ತು ಯುನಾನಿ ಡಿಪ್ಲೊಮಾ ಮತ್ತು ಸರ್ಟಿಫಿಕೇಟ್ ಹೋಲ್ಡರುಗಳಿಗೂ ಈ ವಿಚಾರ ಅನ್ವಯಿಸುವುದರಿಂದ ಅದಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಹಾಗೆ ಕೆಲವು ಅಂಶಗಳನ್ನು ತಿಳಿಸುತ್ತೇನೆ.

Sri S. SRINIVASA IYENGAR.—It is merely registration. The cut motion only refers to registration. But the Hon'ble Member is going beyond.

ಶ್ರೀ ಕೆ. ಪ್ರಭಾಕರ್.—ಆಯುರ್ವೇದದ ವಿಚಾರವಾಗಿ ಮಾತನಾಡಬೇಕಾಗಿದೆ. ಆದರೆ ನಾನು ಕಳುಹಿಸಿರುವ cut motion ಮೇಲೆ ಮಾತನಾಡಲು ಅವಕಾಶ ಸಿಕ್ಕುವ ಹಾಗೆ ತೋರುವುದಿಲ್ಲ. ಆದುದರಿಂದ ಈ ಸಂದರ್ಭದಲ್ಲಿಯೇ ತಿಳಿಸುತ್ತೇನೆ.

Sri A. BHEEMAPPA NAIK.—I rise to a point of order, Sir. He cannot on that account bring in his cut motion and usher it in here. Sri S. Srinivasa Iyengar has brought in an important point where Mysore graduates of the Ayurvedic and Unani College are being prosecuted elsewhere. Therefore I would request the Hon'ble Member not to continue his speech further, because there are only two minutes more and we must know what the Government's reply is in respect of such an important matter.

Sri T. CHANNIAH.—What Sri Srinivasa Iyengar has just now said is quite correct. The diplomas of our Ayurvedic and Unani College are not recognised by the Bombay Government. The question of registration of the Ayurvedic and Unani College diploma-holders is under the consideration of the Government. The matter is before the Council and I hope it will be decided very soon.

Sri S. SRINIVASA IYENGAR.—Thank you very much, Sir. I seek the leave of the House to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Women's Dispensary in the Mahila Samaj Building at Mulbagal.

Sri G. NARAYANA GOWDA (Mulbagal-Srinivasapur).—Sir, I beg to move:

"That the demand under the head '38. Medical' for Rs. 1,10,12,000 be reduced by Rs. 100 (to raise a discussion on the subject of opening a women's dispensary in the Mahila Samaj Building at Mulbagal)."

(SRI G. NARAYANA GOWDA.)

ಸ್ವಾಮಿ, ಈ ಖೋತಾ ಸೂಚನೆಯ ಮೂಲ ಉದ್ದೇಶ ಮುಳಬಾಗಿಲನಲ್ಲಿ ಮಹಿಳೆಯರಿಗಾಗಿ ಒಂದು ಡಿಸ್ಪೆನ್ಸರಿಯನ್ನು ತೆರೆಯಬೇಕಾದುದು ಅಗತ್ಯವೆಂದು ಒತ್ತಾಯ ಬಂದಿರುವುದರಿಂದ ಅಲ್ಲಿರುವ ಮಹಿಳಾ ಸಮಾಜದ ಕಟ್ಟಡದಲ್ಲಿಯೇ ಇದನ್ನು ಬೇಗ ತೆರೆಯಬೇಕೆಂದು ಕೋರುತ್ತೇನೆ.

Mr. SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—Sir, Government is awaiting the resolution of the Mahila Samaj. As soon as the resolution is received, action will be taken to see that the maternity section is started.

Sri G. NARAYANA GOWDA.—On the 24th of last month or so it has been sent.

Sri T. CHANNIAH.—We have not yet received. As soon as it is received, action will be taken to start a maternity ward.

Sri G. NARAYANA GOWDA.—I seek the leave of the House to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Mr. SPEAKER.—The question is:

"That a sum not exceeding Rs. 1,10,12,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Medical'."

The motion was adopted.

Mr. SPEAKER.—The House will now adjourn for lunch and reassemble at 3-30 P.M.

The House adjourned for Lunch at Three of the Clock and reassembled at Thirty Minutes past Three of the Clock.

[MR. DEPUTY SPEAKER in the Chair.]

DEMAND No. 20.—PUBLIC HEALTH

39. Public Health.

Mr. DEPUTY SPEAKER.—Motion moved:

"That a sum not exceeding Rs. 42,29,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Public Health'."

Sri Srinivasa Iyengar may select any one of his cut motions.

Sri S. SRINIVASA IYENGAR.—I would rather select Sl. No. 66.

Merging Health Units in Local Fund Dispensaries.

Sri S. SRINIVASA IYENGAR (T.-Narsipur).—Sir, I beg to move:

"That the demand under the head '39. Public Health' for Rs. 42,29,000 be reduced by Rs. 100 (in order to raise a debate on the subject of merging Health Units with Local Fund Dispensaries in the State)."

Sir, at present we have about 345 local fund dispensaries in the State. Even though the amount that has been allotted for the hospitals and dispensaries is about 78 lakhs, the L. F. dispensaries are being run with a provision of about 13·8 lakhs, and the rest of this grant is being spent on hospitals in urban parts. Sir, I am not suggesting for a moment that you should not spend moneys in cities. But what I am suggesting is that if it is inevitable to run these L. F. dispensaries in the way in which they are being run at present, it is much better for the Government to merge them with the Health Units. Public Health Units are doing yeomen service in the State of Mysore. The Health Department is doing it on an organised basis. The health of a man can very well be likened to that of a machine. Sir, if a machine is manufactured, the method of manufacture, maintenance, service, repairs—these are the things that go a long way to determine the life of the machine. Sir, just as in the case of a machine where we should see that it is properly manufactured, it is equally important for us to see that the parent who gives birth to a child gets proper education in health matters.

I was just talking about this subject with the Director of Public Health and he was kind enough to give me a copy of the article he has written and which is about to be published. Sir, as I said it is very important to see that the parent is well educated about the care and maintenance of the human body. Secondly, Sir, after a machine comes out of the manufacturing plant, its maintenance and care is most important. The driver should know how to drive the vehicle and how to maintain the vehicle. We should also know that with proper maintenance. he can prolong the life of the machine. Similarly, once a man takes his birth, he should know how to live. For all his misdeeds, the State should not contribute any money to restore his health. On the other hand, he should be made to know how to live. It is very important.

As timely servicing extends the life of a machine, periodical check-ups extend the life of a human body. Perhaps these check-ups are very common in countries outside India and a few months back, I read that Srimathi Vijayalakshmi Pandit entered a clinic for a general check-up in U.S.A. They maintain such perfect health with check-ups at various stages of life. But so far as we in India are concerned, this kind of a check-up in health is entirely a foreign term particularly in Mysore State. It is very necessary to see that the man checks himself up with his health and with his maintenance and gets proper instruction lead a healthy and clean life.

The next thing, Sir, is repairs. Just as a machine gets into a workshop, well, a man gets into the hospital or a dispensary for necessary repairs. What is done by way of repairing the human body refers to the clinical aspect. But the preventive side of it has been absolutely ignored—perhaps I can put it like that. We have made a little start and our progress is slow. Should we maintain these 345 dispensaries in such a bad state of affairs and still continue to spend the money on them ? Now, Sir, I learn that the Public Health Department have drawn up a programme. They have at present primary Health Unit for an area covering a radius of about five miles. If this principle is accepted, possibly we can manage the entire State with about 600 Health Units ; and we are already having about 345 L. F. Dispensaries and 170 Health Units. These two together come up to 515. With the introduction of 50 or 60 more centres, we can render yeoman service by extending these services all over the State. The stock of medicines supplied to these L. F. Dispensaries is very meagre. We have an allotment of Rs. 18 lakhs for the purchase of hospital necessaries, the Head of the Medical Stores and the Director of Medical Services making these purchases, but the L. F. Dispensaries actually get very very small quantity, with the result very often even mixture like carminative, etc., will not be available not to say anything about the sulfa drugs. That being the case, I believe the Government should pay some particular attention to see that Health Services are properly reorganised in the State. I will just compare a Health Unit with that of a L. F. Dispensary. A Health Unit in a village has a doctor, a midwife, Health Inspectors and a number of other technical assistants to take this medical help to the doors of the villagers. Sir, the doctor is expected to visit villages in the morning for three days in a week and the rest of the days he spends in the hospital. These three days he will arrange, within his jurisdiction, visits to clinic centres where he gives medical advice and guidance to the people. In this way he comes in contact with the rural men. He lives there and he would be actually seeing the difficulties of the rural folk and he can give direction as to how to keep healthy and also he will attend to the curative work. But in the L. F. Dispensaries the so-called doctors will not be available in the hospitals in the mornings as they will be very busy with their private practice. It is true the law says that the Assistant Surgeon in the L. F. Dispensary may attend to his private practice after his hospital hour. But, how many doctors do this ? They merely complain that their scale of pay

(SRI S. SRINIVASA IYENGAR.)

is low, their starting pay of Rs. 75 is not enough to make both ends meet. When doctors do not care to be present in the hospitals, drugs are not supplied to hospitals in sufficient quantities, proper clothes not being supplied, why should we spend 1.1 crore for the medical services in the State ? I will take up the case of a Health Unit. In the Health Unit, you have got plenty of medicine ; work is done on the preventive side of it; proper attention is bestowed on the curative side of it, and you have got men to attend to the needy : everything is there. Therefore, Sir, instead of having the Medical Department and the Public Health Department, it is best that we merge these two departments and call it as Public Health Services. Whatever you spend in the Medical Department may be spent in the Health Department and see that the much needed medical relief reaches the common man. With the present allotment of 13·8 lakhs for the 345 dispensaries you will not be spending even two annas nine pies per annum per head of the rural population towards medical care. Is the Government satisfied ? How is it that the Government have not taken into their mind the achievements of the Health Units and their usefulness to the villagers ? Therefore, I suggest that the Local Fund Dispensaries now existing in various taluks be merged in to the Health Units. That will certainly help the people, and that will enable the Government to make a little progress in this direction. In certain places where there is Local Fund Dispensary and a Health Unit, in such places the dispensary merges with the health unit. They have conducted that experiment and people say that this is helping them greatly. After all what is it that the Health Department does ? The Health Department lives with the people, the doctor visits the house of the farmer, the nurses meet the expectant mothers and all the latest possible medicines are made available. Malaria control has been specialised. Sanitation is looked upon by the Health Inspector. What more do you want in the Health Services ? You have everything in the Health Services. Therefore, it is best that the Government take it into their mind to see that these L.F. Dispensaries are abolished and merged with the Health Units and that the Medical Department and the Health Department are combined and styled as 'Public Health Services'. That is all, Sir.

MR. DEPUTY SPEAKER.—Cut motion moved :

"That the demand be reduced by Rs. 100."

SRI T. CHANNIAH (Minister for Public Health and Local Self-Government).—Mr. Deputy Speaker, Sir, Sri Srinivasa Iyengar has strongly urged that the L. F. Dispensaries should be merged with the Health Units. This is not a new suggestion. In 60 places in malnad, the Public Health Department has taken over 60 L.F. Dispensaries and have converted them into Health Units. Government, having considered that there must be co-ordination between the Health Units and the L.F. Dispensaries long back, converted these Dispensaries into Health Units. In the Districts of Shimoga, Hassan and Chikmagalur this has been done. These dispensaries continue to function as curative centres. Emphasis is laid on the preventive side also. This is possible and necessary in malnad parts ; but in maidan places where the effect of malaria is not so much felt but where health units are found necessary, it is difficult to merge these L. F. Dispensaries with the Health Units.

SRI S. SRINIVASA IYENGAR.—Is it the opinion of the Minister that the maidan people are not in need of health services ?

SRI T. CHANNIAH.—Not D.D.T. spraying.

SRI S. SRINIVASA IYENGAR.—In maidan also we have mosquitoes.

SRI T. CHANNIAH.—Yes ; in maidan parts also there are such places. In such places I have no objection to merge the L.F. Dispensaries with the Health Units. But, merging of all L.F. Dispensaries in all places with Health Units is a matter on which opinions differ and cannot be generally agreed to.

Sri S. SRINIVASA IYENGAR.—What is your objection I want to know.

Sri T. CHANNIAH.—There is no objection; the personnel serving in the Medical Department also feel that the two departments of Medical and Public Health should work separately for not only administrative reasons but also in the best interests of the public. In the Medical Department the doctors will have specialised in Surgery and other aspects on the curative side.

Sri S. SRINIVASA IYENGAR.—Nothing prevents the Government to provide experts in surgery and other subjects in the Public Health Services. That should not come in the way of giving relief to the people.

Sri T. CHANNIAH.—Sir, the impression is that once a person specialised in a particular branch is taken over to the Health Department, he feels that he forgets the knowledge he has acquired, as the nature of work in the Public Health Department is entirely of a different type. This is one of the reasons why most of the doctors that work in the Medical Department are reluctant to go over to the Public Health Department. The public have a good opinion of the Medical Department.

Sri S. SRINIVASA IYENGAR.—How do you elicit the opinion of the public as regards the popularity of the Department?

Sri T. CHANNIAH.—We hear from the public by coming in contact with the public. At present there are more than 6,000 beds in all the major hospitals in Bangalore, Mysore and K.G.F. and in the taluk and district headquarter hospitals. The number of in-patients in all these hospitals comes to about one lakh fifty thousand and the number of out-patients that come to these L.F. Dispensaries for treatment is about 17 lakhs. This clearly shows, when compared with the figures of 1949, there is considerable increase in the number of in-patients as well as out-patients.

Sri S. SRINIVASA IYENGAR.—It suggests failure on the part of Government in taking preventive measures. Because preventive measure is not taken, curative side has increased.

Sri T. CHANNIAH.—Preventive measures have also been taken. The Director of Public Health is also of opinion that if the Medical Department is merged with the Public Health Department, they can very well administer both the Departments. But those who are working in the Medical Department will not have much time at their disposal to attend to preventive work, while the Public Health Department people feel that as they come in contact with the general public most intimately they can turn out more useful work on the preventive side. Public Health Departmental activities have been responsible to minimise the havoc wrought by malaria and have checked other diseases like plague, etc. They have undertaken B.C.G. vaccination work in 25 taluks and 2 cities.

4 P.M

They intend extending the B. C. G. campaign to other places. Of course on the preventive side they have been able to check some of the diseases. But the Medical Department feels that if that Department is merged with the Public Health Department......

Sri S. SRINIVASA IYENGAR.—Will the Heavens fall?

Sri T. CHANNIAH.—All the special knowledge that they have obtained may in course of time......

Sri B. RACHAIAH (Yelandur-Scheduled Castes).—The expert knowledge of the medical officer can very well be made use of.

Sri T. CHANNIAH.—The cut motion raises a different issue. The point here is, only the L.F. Dispensaries should be merged with the Health Units.

Sri S. SRINIVASA IYENGAR.—That is the thin end of the wedge.

Sri T. CHANNIAH.—But he has raised a specific point. There is no difference of opinion about that. The Government feel that the time is not opportune to merge the Medical Department with the P.H. Department. We had a meeting of the Superintendents of certain major hospitals, private medical practitioners, the Director of Medical Services and the Director of Public Health to consider this question

(SRI T. CHANNIAH.)

of amalgamation of both the departments. All the members of the committee except two feel that it is not possible to amalgamate these two departments.

Sri S. SRINIVASA IYENGAR.—One information, Sir. In that committee, how many belonged to the Public Health Department and how many to the Medical Department?

Sri T. CHANNIAH.—The Director of Medical Services is strongly of the opinion that it should not be merged and the Director of Public Health feels that the Medical Department should be merged with his Department, and that the Director should be the administrative head. The Director of Medical Services differs from him. He wants that it should be kept separate and a person who is specialised in surgery should be the head of the department. Government consider that the *status quo* may continue for the present and the question of merging these two departments may be considered at the proper time. But now we think that the question of merger need not be taken up.

Sri S. SRINIVASA IYENGAR.—This is the proper time.

Sri T. CHANNIAH.—I have already said that Government have decided to continue the present arrangement lest it may give rise to ill-feeling.

Sri S. SRINIVASA IYENGAR.—One information. We are not concerned with the ill-feeling that may arise between the two departments. We are concerned with the good of the common man. We represent the people. We want it to be merged. We urge upon the Government to consider the question of merging the L.F. Dispensary with the Public Health Department. On that subject I do not see why the Government should differ from us.

Mr. DEPUTY SPEAKER.—He is concerned about the administrative convenience, not with the difference of opinion. They might feel that in the interest of smooth running of the Medical and Public Health Departments they should remain each separately and that *status quo* should prevail.

A MEMBER.—Is he expressing the opinion of the Government?

Sri T. CHANNIAH.—The opinion of the Government is that having regard to the present state of affairs in the two departments the *status quo* might continue for the present.

Sri S. SRINIVASA IYENGAR.—And the people allowed to suffer? You plead your inability?

Sri T. CHANNIAH.—Not inability, but in the interest of the smooth administration of the two departments . ...

Sri S. SRINIVASA IYENGAR.—But what is the view of the public?

Sri T. CHANNIAH.—But we are not eliciting the view of the public on all matters.

Mr. DEPUTY SPEAKER.—I do not think this is a matter in which the Government can consult the country.

Sri B. T. KEMPA RAJ.—What is the opinion of the public?

Mr. DEPUTY SPEAKER.—You represent the public.

Sri T. CHANNIAH.—Anyhow the Government feel so. If the entire House feels that both departments should be merged, we will consider that point also.

Sri S. SRINIVASA IYENGAR.— I press the cut motion. Even though I may be the only one to give the vote, it does not matter I will press the cut motion.

Mr. DEPUTY SPEAKER.—The question is:

> "That the demand be reduced by Rs. 100."

The cut motion was negatived.

Mr. DEPUTY SPEAKER.—The cut motion is negatived. The mover of the cut motion himself did not say 'aye'.

Need to start Health Units in Kolar District.

Sri G. NARAYANA GOWDA (Mulbagal—Srinivasapur).—Sir, I beg to move:

> "That the demand under the head '39. Public Health' for Rs. 42,29,000 be reduced by Rs. 100 (to draw the attention

of the Government to the need to start Health Units in Kolar District).''

ನಮ್ಮ ಕೋಲಾರ ಜಿಲ್ಲೆಯಲ್ಲಿ ಈಗ ಸಾಧಾರಣ ವಾಗಿ 3-4 ವರ್ಷಗಳಿಂದ ಮಲೇರಿಯಾ ಪ್ರಾರಂಭ ವಾಗಿ ಈ ವರ್ಷವಂತೂ ಅದು ಇನ್ನೂ ಹೆಚ್ಚು ಪ್ರದೇಶದಲ್ಲಿ ಆವರಿಸಿಕೊಂಡಿದೆ. ತಾವು ಆಸ್ಪತ್ರೆ ಗಳಿಗೆ ಹೋಗಿ ರೋಗಿಗಳ ಸಂಖ್ಯೆಯನ್ನು ನೋಡಿ ದರೆ ಮತ್ತು ಹಳ್ಳಿಗಳಲ್ಲಿ ವಿಚಾರಿಸಿದರೆ ಮಲೇರಿಯಾ ದಿಂದ ಹೆಚ್ಚಾಗಿ ಜನರು ನರಳುತ್ತಾ ಇರುವುದು ಕಾಣುತ್ತದೆ. ಈ ವಿಚಾರದಲ್ಲಿ prevention is better than cure ಎಂಬುದನ್ನು ಅರಿತು ಮೊದಲು ಅಲ್ಲಲ್ಲಿ ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳನ್ನು ಏರ್ಪಡಿಸಿ ಇದನ್ನು ನಿವಾರಿಸದೆ ಇದ್ದರೆ ಮಲೆನಾಡಿಗಿಂತ ಹೆಚ್ಚಾಗಿ ಮೈದಾನ ಪ್ರದೇಶದಲ್ಲಿ ಇನ್ನುಮುಂದೆ ಮಲೇರಿಯಾ ಹಾವಳಿ ಜಾಸ್ತಿಯಾಗುತ್ತದೆಂದು ಸರ್ಕಾರದ ಗಮ ನಕ್ಕೆ ತರಬೇಕಾಗಿದೆ. ಆದುದರಿಂದ ಕೋಲಾರ ಜಿಲ್ಲೆ ಯಲ್ಲಿ ಮಲೇರಿಯ ನಿವಾರಣೆಗಾಗಿ ಹೆಲ್ತ್ ಯೂನಿಟ್ ಗಳನ್ನು ಸರ್ಕಾರದವರು ಕೂಡಲೇ ಏರ್ಪಡಿಸ ಬೇಕೆಂದು ಈ ಕತ್ತರಿ ನಿರ್ಣಯದ ಮೂಲಕ ಕೋರು ತ್ತೇನೆ.

Mr. DEPUTY SPEAKER.—Cut motion moved :

> "That the demand be reduced by Rs. 100."

Sri K. PATTABHIRAMAN (Kolar).—I would like to say a few words in support of the cut motion. I should rather think that nobody need mistake Sri Narayana Gowda—and it is not in any spirit of cavil he said—when he made the observations in regard to the facilities that are being provided to the malnad parts. It is more to impress upon the House and the Government the need for taking a similar measure and a substantial measure too in Kolar District generally and in the maidan parts as well that he made reference to facilities in malnad parts. There is no spirit therefore of rivalry in speaking on this cut motion. I know the spirit in which he has made his remarks. Latterly it is very clear that there is—even technical people tell us—what is called dry malaria developing in these parts. This has got a special feature quite contra-distinct from what is called malaria as existing in the malnad parts. I am also told that the malady consequent upon this dry malaria as it is called is even more damaging and even more troublesome than malaria and therefore I ask the Government to consider whether such Health Units must not be established, both as preventive and curative measures, in Kolar District and generally in madian parts as well.

There is also another aspect to be considered. Health Units have become almost a luxury for us. As a matter of fact in Kolar District there is no organised Health Unit as such. The facilities that we generally get from the Health Units are not merely confined to prevention of malaria. In addition to that there are various other advantages which a Health Unit generally confers. Therefore I ask the Government to consider very sympathetically the cut motion that has been moved and to see that at least where such units can be started, they are started immediately in the next financial year in Kolar District, taking into consideration the growing malady of malaria.

I feel I should not make any distinction between Mulbagal and Kolar. I am as willing to support Sri Narayana Gowda as he is to us and I am proud of it. That apart I may just tell that there seems to be a feeling that the malaria menace is not so acute or such as to call for some immediate and substantial measure in maidan parts. In great humility I must urge upon the Government that that impression must be dispelled. In fact you may remember a few days ago in Kolar District this menace was the greatest. I may even recall the days when the District Board of Kolar with Mr. Nagaiah Reddy who was the President, had to take extra measures in order to meet this growing menace in the district. It started immediately and spread very soon. In fact in some villages deaths occurred to the tune of a few hundreds spread over in about 7 or 8 months. It is slowly growing. Therefore this luxury of a Health Unit is also a necessity to us. I wholeheartedly support the cut motion and I request the Government to consider this request sympathetically.

ಶ್ರೀ ಟಿ. ಎನ್. ಮೂಡಲಗಿರಿಗೌಡ (ಕುಣಿಗಲ್).—ಶ್ರೀಮಾನ್ ಜಿ. ನಾರಾಯಣಗೌಡರು ತಂದಿರತಕ್ಕ ಜೋತಾ ನಿರ್ಣಯ ಸಾಧುವಾಗಿದೆ. ಕೋಲಾರ ಜಿಲ್ಲೆಯಲ್ಲಿ ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳನ್ನು ತೆರೆಯಬೇಕೆಂದು ಅವರು ತಿಳಿಸಿರುತ್ತಾರೆ. ಶ್ರೀಮಾನ್ ಪಟ್ಟಾಭಿರಾಮನ್ ರವರು ಸಹ ಕೋಲಾರ ಜಿಲ್ಲೆ ಮತ್ತು ಮೈದಾನ

(ಶ್ರೀ ಟಿ. ಎನ್. ಮೂಡಲಗಿರಿಗೌಡ.)

ಪ್ರದೇಶದ ಇತರಕಡೆ ಈ ಮಲೇರಿಯಾ ಹಾವಳಿ ಹೆಚ್ಚಾಗಿ ಅಪಾಯಕರವಾದ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿದೆಯೆಂದು ಹೇಳಿರುತ್ತಾರೆ. ನಿಜವಾಗಿಯೂ ಸಹ ಇದನ್ನು ಹೆಲ್ತ್ ಡಿಪಾರ್ಟ್‌ಮೆಂಟಿನವರು ಸರ್ವೆಮಾಡಿ ನೋಡಿದರೆ ಎಷ್ಟು ಪ್ರಬಲವಾಗಿ ಇದು ಮೈದಾನ ಪ್ರದೇಶದಲ್ಲಿ ಹರಡಿದೆಯೆಂಬುದು ಗೊತ್ತಾಗುತ್ತದೆ. ಅದರಲ್ಲಿಯೂ ದೊಡ್ಡ ದೊಡ್ಡ ಕೆರೆಗಳನ್ನು ಕಟ್ಟಿರುವ ಪ್ರದೇಶಗಳಲ್ಲಿ ಕೆರೆ ನಾಲಾ ಇರುವಕಡೆಗಳಲ್ಲೆಲ್ಲಾ ಇದು ವ್ಯಾಪಿಸಿರುತ್ತದೆ. ಇದನ್ನು ಶ್ರೀ ಪಟ್ಟಾಭಿ ರಾಮನ್‌ರವರು ತಮ್ಮ ಭಾಷಣದಲ್ಲಿ 'a sort of malaria' ಎಂಬುದಾಗಿ ತಿಳಿಸಿರುತ್ತಾರೆ.

ಮಳೆಗಾಲದಲ್ಲಿ ಮಲೇರಿಯಾ ಬಂದದ್ದು ಮಳೆಗಾಲ ಬಂದುಬಿಡುವುದರೊಳಗೆ ಎಲ್ಲಾ ಕಡೆಯೂ spread out ಆಗುತ್ತದೆ. ವರ್ಷಾನುಗಟ್ಟಲೆ ಮಲೇರಿಯಾ ಜ್ವರ ಬಂದದ್ದು ಬಿಡುವುದಿಲ್ಲ; ಔಷಧಿ ಮಾತ್ರ ಕುಡಿಯುತ್ತಲೇ ಇರಬೇಕು. ನಮ್ಮ ಸ್ನೇಹಿತರು ಮಲೆನಾಡಿನಲ್ಲಿ ಈ ಖಾಯಿಲೆಯಿಂದ ಏನು ತೊಂದರೆಪಡುತ್ತಾರೆ ಎಂದು ಹೇಳಿದರೋ ಅದಕ್ಕಿಂತಲೂ ಹೆಚ್ಚಾಗಿ ಮೈದಾನ ಪ್ರದೇಶದಲ್ಲಿ ತೊಂದರೆ ಪಡುತ್ತಾ ಇದ್ದಾರೆ. ಹೆಲ್ತ್ ಡಿಪಾರ್ಟ್‌ಮೆಂಟಿನವರು ಸರ್ವೇ ಮಾಡಿದ್ದರಲ್ಲಿ ನಿಜಾಂಶ ಚೆನ್ನಾಗಿ ಗೊತ್ತಾಗುತ್ತದೆ. ನಮ್ಮ ಜಿಲ್ಲೆಯ ಒಂದು ಉದಾಹರಣೆ ಕೊಡುತ್ತೇನೆ. ಶಿರಾ ತಾಲ್ಲೂಕು ತೆಗೆದುಕೊಳ್ಳೋಣ. ಕುಣಿಗಲ್ ತಾಲ್ಲೂಕು, ತುಮಕೂರು ತಾಲ್ಲೂಕು, ಗುಬ್ಬಿ ತಾಲ್ಲೂಕುಗಳಲ್ಲಿ ಮಲೇರಿಯಾ ಹೆಚ್ಚು. ಅವನ್ನು ನೀವು ಸಂಪೂರ್ಣವಾಗಿ ಡ್ರೈ ಏರಿಯ (ಮೈದಾನ ಪ್ರದೇಶ) ಎಂದು ತಿಳಿದುಕೊಂಡಿದ್ದೀರಿ. ಆ ಪ್ರದೇಶದಲ್ಲಿ ಎಲ್ಲಾ ಕಡೆಯೂ ಮಲೇರಿಯಾ ಬಹಳ ಪ್ರಬಲವಾಗಿದೆ. ಅದರಲ್ಲೂ ದೊಡ್ಡ ದೊಡ್ಡ ನೀರಾವರಿ ಪ್ರಾಜೆಕ್ಟುಗಳು, ಕೆರೆ ಕಟ್ಟೆಗಳು ಎಲ್ಲೆಲ್ಲಿವೆಯೋ ಅಲ್ಲೆ ಮಲೇರಿಯಾ ಯಾವತ್ತೂ ಕೂಡ ವಿಶೇಷವಾಗಿದೆ. ಅದನ್ನು ತಡೆಗಟ್ಟಬೇಕಾದರೆ ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳನ್ನು ಇಡಬೇಕು. ಕುಣಿಗಲ್ ಪ್ರದೇಶ ಮಲೇರಿಯಾಕ್ಕೆ ತವರು ಮನೆಯಾಗಿದೆ, ಅದನ್ನು ಹೆಚ್ಚಾಗಿ ಹೇಳಬೇಕಾಗಿಲ್ಲ. ಅಲ್ಲಿ ನಾಲ್ಕಾರು ದೊಡ್ಡ ಕೆರೆಗಳು ಒಂದೇಕಡೆ ಸೇರಿವೆ. ಹೆಲ್ತ್ ಡಿಪಾರ್ಟ್‌ಮೆಂಟಿನವರು ಹೇಳತಕ್ಕ ವಾದವನ್ನು ತೆಗೆದುಕೊಂಡರೂ ಕೂಡ ಮೈದಾನ ಪ್ರದೇಶದಲ್ಲಿ ಎಲ್ಲೆಲ್ಲಿ ದೊಡ್ಡ ದೊಡ್ಡ ನೀರಾವರಿ ಕೆರೆ ಕಟ್ಟೆಗಳು ಇವೆಯೋ ಅಲ್ಲೆಲ್ಲಾ ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳು ಇದ್ದೇತೀರಬೇಕು. ಇಲ್ಲದೇ ಇದ್ದರೆ ಮಲೇರಿಯಾದ ಹಾವಳಿ ಹೆಚ್ಚಿ ಜನರಿಗೆ ಬಹಳ ಕಷ್ಟವಾಗುತ್ತದೆ. ಇದನ್ನು ಒತ್ತಾಯವಾಗಿ ಹೇಳಿ ಸರ್ಕಾರದವರು ಪರಿಶೀಲನೆ ಮಾಡಬೇಕೆಂದು ಹೇಳುತ್ತೇನೆ.

Sri T. CHANNIAH.—Mr. Deputy Speaker, Sir, it has been the policy of the Government to start Health Units in those areas where there are urgent health problems to be attended to. The recurring cost for running a Health Unit is about Rs. 10,000. Starting of Health Units in Kolar District involves heavy expenditure. There are 43 Local Fund Dispensaries in that District which are evenly distributed and lend themselves very well for their conversion into primary Health Units. At the rate of Rs. 10,000 per unit, a huge sum will be required for conversion of these 43 dispensaries.

A MEMBER.—Health is wealth!

Sri T. CHANNIAH.—Of course, Sir, the point raised by my Hon'ble friends Sri G. Narayana Gowda and Sri Pattabhi Raman is quite relevant in this connection. It is true that Health Units are started in greater numbers in malnad and the people of malnad are benefited most by such units. But I should tell them that generally the Health Department takes up such anti-malarial works where there is heavy incidence of malaria. In maidan parts the incidence of malaria is generally not so heavy. Therefore the Government have been formulating a scheme for the formation of Health Units covering the entire area of the State. We do not intend to ignore the maidan. In such of the areas in maidan which are endemic for malaria, spraying of D.D.T. and other anti-malarial works have been taken up by the Health Department irrespective of the fact whether the area in question is classed as maidan or malnad.

Government have before them a proposal for the formation of Health Units in Bangarpet Taluk. I quite realise that the area round about Markandeya Reservoir is malarial. I have also felt that it is quite necessary to start a Health Unit in that area. The Director has been asked to furnish certain information in connection with the proposals received from him. The question of starting a Health Unit in that area will be considered, Sir.

Sri S. GOPALA GOWDA (Sagar-Hosanagar).—Public Health Department ನವರು ಎಲ್ಲೆಲ್ಲಿ ಮಲೇರಿಯಾ ಪ್ರಿವಲೆಂಟ್ ಆಗಿದೆ, ಮತ್ತಿತರ ಖಾಯಿಲೆಗಳಿವೆ ಎಂಬುದನ್ನು ಸರ್ಕಾರದವರಿಗೆ ವರದಿಮಾಡುವ ಅಭ್ಯಾಸ ಇಟ್ಟಿದ್ದಾರೆಯೋ ?

Sri T. CHANNIAH.—Yes, Sir, progress reports with regard to anti-malaria works in the several places where they are in progress are being received and such action as is necessary is being taken.

Sir, as regards areas in maidan which are endemic for malaria, whether they are in Kolar, Tumkur or in Chitaldrug District, D.D.T. spraying and other

anti-malarial works have been and are being undertaken.

In view of this assurance, Sir, that maidan parts also will receive equal attention in the matter of eradication of malaria and necessary priorities also will be shown after receipt of proposals from the Director of Public Health, I request the Hon'ble Member to kindly withdraw the cut motion.

Sri G. NARAYANA GOWDA.—I beg to withdraw the cut motion, Sir.

The cut motion was, by leave, withdrawn.

Mr. DEPUTY SPEAKER.—The next cut motion stands in the name of Sri Huchmasthy Gowda.

Health Unit in Kunigal Taluk.

ಶ್ರೀ ಎಚ್. ಹುಚ್ಚಮಾಸ್ತಿಗೌಡ (ಹುಲಿಯೂರುದುರ್ಗ).—"'39. ಜನಾರೋಗ್ಯರಕ್ಷಣೆ' ಎಂಬ ಬಾಬಿನಲ್ಲಿ ಕೋರಿರತಕ್ಕ 42,29,000 ರೂಪಾಯಿಗಳ 'ಡಿಮ್ಯಾಂಡ್' ಮನವಿಯ ಸಂಬಂಧದಲ್ಲಿ 100 ರೂಪಾಯಿಗಳನ್ನು ಕಡಮೆಮಾಡಬೇಕು (ಕುಣಿಗಲ್ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಮೂರು ಆರೋಗ್ಯಕೇಂದ್ರಗಳನ್ನು ('ಹೆಲ್ತ್ ಯೂನಿಟ್ಸ್') ಏರ್ಪಡಿಸುವ ಅವಶ್ಯಕತೆಯ ವಿಚಾರದಲ್ಲಿ ಚರ್ಚೆ ನಡೆಯುವಂತೆ ಮಾಡುವುದಕ್ಕಾಗಿ)." ಸ್ವಾಮಿ, ಈ ಖೋತಾ ನಿರ್ಣಯವನ್ನು ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುವಾಗ ಬಹಳ ಭಾರವಾದ ಹೃದಯದಿಂದ, ವ್ಯಥೆಯಿಂದ ಈ ಕೆಲಸಮಾಡಬೇಕಾಗಿದೆ. ಈ ದಿವಸ ನಗುತ್ತಾ ಇರತಕ್ಕ ಮಹನೀಯರು, ಇರತಕ್ಕ ವಿಷಯವನ್ನು ಹೇಳಿದರೆ ಅವರೂ ಕೂಡ ವ್ಯಥೆಪಡಬೇಕಾಗುತ್ತದೆ ಎಂದು ಹೇಳುತ್ತೇನೆ. ನಮ್ಮ ತಾಲ್ಲೂಕಿನ ಕೆಲವು ಗ್ರಾಮಗಳಲ್ಲಿ ಕಾಲರಾ ಖಾಯಿಲೆ ಈ ದಿವಸ ಇದ್ದು 50-60ಕ್ಕಿಂತ ಜಾಸ್ತಿಯಾಗಿ ಜನಗಳು ಮರಣಕ್ಕೆ ತುತ್ತಾಗಿದ್ದಾರೆ. ಕಳೆದ 5-6 ವರ್ಷಗಳಿಂದ ಪ್ರತಿವರ್ಷವೂ ಒಂದೇ ಸಮನಾಗಿ ಕಾಲರಾ ಖಾಯಿಲೆ ನಮ್ಮ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಬರುತ್ತಾ ಇದೆ. ಪ್ರತಿ ವರ್ಷವೂ 30-40 ಜನಗಳು, ಈ ವರ್ಷ ಅಂತೂ ನನಗೆ ತಿಳಿದ ವರ್ತಮಾನದ ಪ್ರಕಾರ 60-70 ಜನಗಳು, ಈ ಖಾಯಿಲೆಯಿಂದ ಮರಣ ಹೊಂದಿದ್ದಾರೆ ಎಂದು ಗೊತ್ತಾಗಿದೆ. ಆರೋಗ್ಯ ಇಲಾಖೆಯವರು ಅವರಿಗೆ ಬೇಕಾದವರಿಗೆ ಇನಾಕ್ಯುಲೇಷನ್ ಮಾಡುವುದಾಗಲಿ ಇತರ ಔಷಧೋಪಚಾರ ಮಾಡುವುದಾಗಲಿ ಈ ವಿಷಯದಲ್ಲಿ ನಾನು ಪ್ರಸ್ತಾಪ ಮಾಡುವುದಕ್ಕೆ ಇಷ್ಟಪಡುವುದಿಲ್ಲ. ಅಂತೂ ಪ್ರತಿ ವರ್ಷವೂ ಕೂಡ ಕಾಲರಾ ಖಾಯಿಲೆ ನಮ್ಮ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಬರುತ್ತಾ ಇದೆ. ಇದರ ಜೊತೆಗೆ, ಶ್ರೀ ಮೂಡಲಗಿರಿಗೌಡರು ಹಿಂದಿನ ಖೋತಾ ನಿರ್ಣಯದ ವಿಷಯವಾಗಿ ಮಾತನಾಡುತ್ತಾ ಹೇಳಿದಹಾಗೆ, ಮಲೇರಿಯಾ ಖಾಯಿಲೆಯೂ ಕೂಡ ಈ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಬಹಳ ಜಾಸ್ತಿಯಾಗಿದೆ. ಡಿ.ಡಿ.ಟಿ. ಸ್ಪ್ರೇಯಿಂಗ್ ಈ ವರ್ಷದಲ್ಲಿ ಅಲ್ಲಿ ಆಗಿರುವುದರಿಂದ ಇನ್ನು ಮುಂದೆ ಸ್ವಲ್ಪ ಮಲೇರಿಯಾ ಕಡಮೆಯಾಗಬಹುದು ಎಂದು ಭಾವಿಸುತ್ತೇನೆ. ಇಷ್ಟು ಮಾತ್ರವೇ ಅಲ್ಲ, ನಮ್ಮ ತಾಲ್ಲೂಕಿನ ಅನೇಕ ಗ್ರಾಮಗಳಲ್ಲಿ ಕ್ಷಯರೋಗದ ಹಾವಳಿಯೂ ಕೂಡ ಬಹಳ ಜಾಸ್ತಿಯಾಗಿದೆ. ಉದಾಹರಣೆಗೆ ಹೇಳುವುದಾದರೆ ನಾನು ವಾಸಮಾಡತಕ್ಕ ಊರಿನ ಪಕ್ಕದ 2-3 ಗ್ರಾಮಗಳಲ್ಲಿ ಸುಮಾರು 25 ಜನ ಕ್ಷಯರೋಗದಿಂದ ಸತ್ತು ಹೋಗಿದ್ದಾರೆ. ನಮ್ಮ ಊರಿನಲ್ಲೇ ಹಾಲಿ 4-5 ಜನ ಖಾಯಿಲೆಯವರು ಇದ್ದಾರೆ. ಈ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಕ್ಷಯರೋಗದ ಹಾವಳಿ ಬಹಳ ಜಾಸ್ತಿಯಾಗಿದೆ. ಇಷ್ಟೇ ಅಲ್ಲದೆ ಕೊಕ್ಕೆಹುಳದ ಹಾವಳಿ ಎಷ್ಟಿದೆ ಎಂಬುದನ್ನು ಆರೋಗ್ಯ ಇಲಾಖೆಯವರು ಸರ್ವೇಮಾಡಿರುವ ವಿಷಯ ನನಗೆ ಗೊತ್ತಾಯಿತು. ಕೊಕ್ಕೆಹುಳದಿಂದ ಶೇಕಡ 60ಕ್ಕಿಂತ ಹೆಚ್ಚು ಜನ ನರಳುತ್ತಿದ್ದಾರೆ ಎಂದು ಗೊತ್ತಾಗಿದೆ. ಹೀಗೆ ಅನೇಕ ವಿಧದ ಖಾಯಿಲೆಗಳು ಅಲ್ಲಿವೆ. ಈ ತರಹದ ಉಪದ್ರವಗಳಿಂದ ಆ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಬಹಳ ತೊಂದರೆಯಾಗಿದೆ. ಮಂಡ್ಯ ಸಮೀಪವಾಗಿರುವುದರಿಂದಲೋ ಅಥವಾ ಇನ್ನಾವ ಕಾರಣದಿಂದಲೋ—ನಾನಂತೂ ನಿರ್ಧರವಾಗಿ ಹೇಳಲಾರೆ—ಪ್ರತಿ ವರ್ಷವೂ ಹೀಗೆ ಅನೇಕ ವಿಧವಾದ ಸಾಂಕ್ರಾಮಿಕ ಖಾಯಿಲೆಗಳ ದೆಸೆಯಿಂದ ಅಲ್ಲಿ ಬಹಳ ತೊಂದರೆಯಾಗಿದೆ. ಅದನ್ನು ತಪ್ಪಿಸಬೇಕಾದರೆ ಈಗಿರತಕ್ಕ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಸೌಕರ್ಯ ಸಾಲದು, ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳನ್ನು ಹೆಚ್ಚು ಮಾಡುವುದರಿಂದ ಸ್ವಲ್ಪ ಮಟ್ಟಿಗೆ ಗುಣವಾಗಬಹುದು ಎಂಬ ದೃಷ್ಟಿಯಿಂದ ಈ ಖೋತಾ ನಿರ್ಣಯವನ್ನು ಸಭೆಯ ಮುಂದೆ ಇಟ್ಟಿದ್ದೇನೆ. ಖರ್ಚೇನೂ ಈಗಿರುವುದಕ್ಕಿಂತ ಬಹಳ ಜಾಸ್ತಿಯಾಗುವುದಕ್ಕೆ ಅವಕಾಶವಿಲ್ಲ. ಈಗಾಗಲೇ ಕುಣಿಗಲು ಮತ್ತು ಹುಲಿಯೂರುದುರ್ಗದಲ್ಲಿ ಎರಡು ಆಸ್ಪತ್ರೆಗಳು ಇವೆ, ಅವನ್ನು ಹೆಲ್ತ್‌ಯೂನಿಟ್‌ಗಳಾಗಿ ಮಾಡುವುದರಿಂದ ಖರ್ಚೇನೂ ಜಾಸ್ತಿಯಾಗುವುದಕ್ಕೆ ಅವಕಾಶವಿಲ್ಲ. ಇದರ ಜೊತೆಗೆ ಇನ್ನೆರಡು ಹೆಲ್ತ್ ಯೂನಿಟ್‌ಗಳನ್ನು ಪ್ರಾರಂಭಮಾಡುವುದರಿಂದ ಇಂಥ ಅನೇಕ ಖಾಯಿಲೆಗಳನ್ನು ಹತೋಟಿಗೆ ತರಲು ಸಾಧ್ಯವಿದೆ. ಸರ್ಕಾರದವರು ಈ ಖಾಯಿಲೆಗಳಿಂದ ನರಳುತ್ತಿರುವ ಜನಗಳ ಮೇಲೆ ದಯಾದೃಷ್ಟಿಯನ್ನಿಟ್ಟು ಕೂಡಲೇ ಈ ಹೆಲ್ತ್‌ಯೂನಿಟ್‌ಗಳನ್ನು ಪ್ರಾರಂಭ ಮಾಡುವುದಕ್ಕೆ ಮನಸ್ಸು ಮಾಡಬೇಕೆಂದು ವಿನಂತಿ ಮಾಡಿಕೊಳ್ಳುತ್ತೇನೆ. ಈಗಾಗಲೇ ಹೆಲ್ತ್ ಡಿಪಾರ್ಟ್‌ಮೆಂಟಿನಿಂದ ಒಂದು ಶಿಫಾರಸು ಕೂಡ ಬಂದಿದೆ ಎಂಬ ವರ್ತಮಾನ ತಿಳಿಯಿತು. ಆದಷ್ಟು ಜಾಗ್ರತೆ ಸರ್ಕಾರದವರು ಇದನ್ನು ಗಣನೆಗೆ ತೆಗೆದುಕೊಂಡು ಕುಣಿಗಲ್ ತಾಲ್ಲೂಕಿನಲ್ಲಿ ಹೆಲ್ತ್‌ಯೂನಿಟ್‌ಗಳು ಪ್ರಾರಂಭವಾಗುವಂತೆ ಮಾಡಿ ಈ ಉಪದ್ರವಗಳನ್ನು ಕಡಿಮೆಮಾಡಬೇಕೆಂದು ಪ್ರಾರ್ಥನೆ ಮಾಡಿಕೊಳ್ಳುತ್ತೇನೆ.

Mr. DEPUTY SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri T. CHANNIAH.—Mr. Deputy Speaker, Sir, there are already two Health Units in Kunigal Taluk—one at Amrithur and another at Yedavane and the Director of Public Health has sent up proposals for the formation of Health Units covering the entire taluk. It is proposed to start four more Health Units and these units will cover 267 villages with a total population of

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102,164. The Director of Public Health has recommended the conversion of the existing dispensaries at Kunigal and Huliyurdurga into Health Units. The present expenditure on these two health units is Rs. 18,000; and the additional cost will be about Rs. 50,000 under recurring and non-recurring charges. The proposals of the Director of Public Health are being examined and Government would see that the scheme is implemented to the extent possible.

SRI N. HUCHMASTHY GOWDA.—I seek leave to withdraw the cut motion, Sir.

The cut motion was, by leave, withdrawn.

SRI K. LAKKAPPA (Channarayapatna).—Sir, I move . . . .

MR. DEPUTY SPEAKER.—Time is over. The question is:

"That a sum not exceeding Rs. 42,29,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Public Health'."

The motion was adopted.

DEMAND No. 28—MISCELLANEOUS DEPARTMENTS.

47. Miscellaneous Departments.

MR. DEPUTY SPEAKER.—Motion moved:

"That a sum not exceeding Rs. 12,33,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Miscellaneous Departments'."

Trade Agent's Office, London.

SRI R. ANANTARAMAN (Chamarajapet).—Sir, I beg to move:

"That the demand under the head '47. Miscellaneous Departments' for Rs. 12,33,000 be reduced by Rs. 100 (to raise a discussion about the working of Trade Agent's Office in London)."

Sir, this is a department about which we know very little except the amount of salaries paid to the several officers as could be seen from the Budget. We are not at all aware of the other details of this office. I request the Hon'ble Minister to provide us with some information about the working of this office so that we may seek to know more through interpellations. As the Minister for Industries was in London very recently and has inspected this office, I hope he will be able to furnish the House about the business that is transacted by this office, whether Government or private, etc. Sir, we can see from the Budget that the Trade Agent is paid Rs. 4,900 and £ 650 Overseas Allowance and House Rent Allowance of £ 382-4-0, whereas the Deputy Trade Agent is paid Rs. 10,175. Really it is surprising. A lower officer is paid more than his superior. The Secretary is paid Rs. 4,641, a senior typist Rs. 4,641 and so on. Sir, I do not know why they are paid so heavily. Is there any necessity for a Secretary there? I learn that the work they do is some business in sandal oil and sandal soap and some work of the Stores Purchase Committee. For this small work, I do not know why there should be such a big staff so heavily paid. Sir, the messenger is paid Rs. 3,813. No doubt certain amount of expenditure is met by the Sandal Oil Factory and the Stores Purchase Committee. I wish to know whether there is any necessity for a Secretary and three typists. In these days, when we are thinking of retrenchment in Bangalore, it is ununderstandable that we are having such a heavy staff at London. I very much doubt whether there is enough work for them. I also wish to know the amount of business they have done with regard to sandal oil for the last three years. I learn that they undertake some private business also and I wish to know how much the total amount of commission that they might have received has come to.

Some of our boys are studying in London in various fields. I do not know whether any help is given to them by this Trade Agent. Of course, one of my friends who was studying in London informed me that when he was short of funds he approached the Trade Agent and he was able to contact our Government and get him some financial aid.

Another thing is, they have provided for contingency a sum of Rs. 29,656. I do not know why such a huge some is given to him as contingency. Is the Trade Agent giving any parties? Does this amount of Rs. 29,656 include any sumptuary allowance? It is better that the Minister gives us some more information in this behalf. With these few words I move my cut motion.

Mr. DEPUTY SPEAKER.—Cut motion moved:

"That the amount be reduced by Rs. 100."

Sri H. SIDDAVEERAPPA (Minister for Home and Industries).—Sir, the Hon'ble Member wanted to know the details of the working of the Trade Agent's Office with comparative figures for the last four years. I will be very glad to place these figures in his hands; I have no objection, if he raises a question or I am even prepared to make a short statement with regard to that, so far as the figures are concerned. But one point I am glad to mention is that, so far as the establishment is concerned, the annual establishment charges come to about Rs. 87,000. Out of this amount, three-fifth is met by the Sandal Oil Factory as it is meant exclusively, more or less, in the interest of the Sandal Oil Factory; about Rs. 4,500 is met by the Stores Purchase Committee, and the balance is debited to the general revenues, namely, Rs. 30,800.

My friend wanted to know the duties of the Trade Agent and also with regard to establishment. I may tell him that especially this office is, I may say without fear of any contradiction, not over-staffed. In fact it is understaffed.

With regard to the Deputy Trade Agent, he wanted to know why he is paid more than the Trade Agent. We should not forget that the Deputy Trade Agent is subjected to income-tax in the United Kingdom as if he is a citizen of the United Kingdom. Moreover since our Trade Agent has only recently gone there, in order to make him acquainted with the work and to make him understand what exactly is the kind of work he has to do in London, Government have recently extended the period of the term of the Deputy Trade Agent by about six months. It was absolutely essential.

A MEMBER.—Who is the person?

Sri H. SIDDAVEERAPPA.—Sri R. K. Murthy. He is the gentleman who has been probably in that office ever since its inception in 1928-29. He has been really doing very useful service in getting contacts and canvassing business for the Government.

With regard to steno-typists, they do steno-typing work. They attend to other kinds of work like clerical work in the office, though they are styled as stenographers. They are essential in a place like London where they have to contact so many business people.

With regard to the work of this Office, my friend wanted to know what is the nature of the work. There are two kinds of work he is entrusted to carry on. Primarily his office is meant to secure orders for the sale of sandal oil. Formerly we had the monopoly more or less. Now there are others who are competing with us, sometimes I may say in colourful names. There are two firms who are seriously competing with our sandal wood oil. It has been very necessary that these officers should have contacts with our principals in other countries, like France and Switzerland. We have got one Agent in the United States, Messrs. Bush and Company, to whom we send our sandal wood oil direct where the oil is distilled. The Trade Agent is expected to have close contact with America also for the sale of sandal wood oil. Further, taking advantage of this office in London the Stores Purchase Committee are making use of his good offices in having contact with big firms whenever orders are to be placed and in getting quotations, inviting tenders

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and these kind of things. The opinion of the Stores Purchase Committee is that the Trade Agent's Office in London has been doing very useful work there in securing big orders to the best advantage of the State.

Further, my friend wanted to know whether they have done any good business. I have already repeated it on the floor of this House. After securing a lumpsum order for £ 30,000 the Trade Agent has been able to secure a subsequent order for £ 30,000. That order itself is sufficient to give us work for one year's full production. And further due to the good offices and sympathy of the High Commissioner we want to encourage the sale of some of our cottage industries goods. The High Commissioner has been good enough to promise us one of the two halls in his office so that Mysore goods may also be very well exhibited. That should be taken to say that as far as possible, our goods are advertised for trade in foreign countries.

With regard to the sumptuary allowance, originally the Trade Agent had a small allowance. In a country like England or in any continental country, many a good business is secured round a dinner table. I feel, and I have come to the realisation that it is necessary to give him some sumptuary allowance so that he may take advantage of meeting as many people as possible and try to secure good business for us. That is a lacuna which requires to be now looked into. Originally there was an allowance. I feel there is need for it now.

I am satisfied that on the whole the working of this office has been quite satisfactory. There is no over-staff. With these few words I am sure my friend Sri Anantaraman will be kind enough to withdraw his cut motion.

(Sri R. Anantaraman interrupted.)

Sri R. K. PRASAD (Bangarpet).—Is it a fact that there is a lot of discontent among businessmen in England and America on account of frequent changes of Trade Agent ?

Sri H. SIDDAVEERAPPA.—How can I say that ?

Sri R. K. PRASAD.—You have first toured these parts. Did any of them say that on account of frequent changes they have not been able to have frequent contacts ?

Sri H. SIDDAVEERAPPA.—That fact has not prominently come to my notice.

Sri R. ANANTARAMAN.—I seek leave of the House to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Mr. DEPUTY SPEAKER.—Sri Palaniyappan is not here. Which of the next five cut motions you would like to move, Sri Srinivasa Iyengar ?

Sri S. SRINIVASA IYENGAR (T.-Narasipur).—Only one or two cut motions.

Mr. DEPUTY SPEAKER.—Only one. Let that be over.

Sri S. SRINIVASA IYENGAR.—Cut motion No. 92

Policy adopted in fixing Cash Contributions to Temples.

Sri S. SRINIVASA IYENGAR.—Sir, I beg to move :

> "That the demand under the head '47. Miscellaneous Departments' for Rs. 12,33,000 be reduced by Rs. 100 (in order to raise a debate on the policy adopted for fixing cash contributions to the temples in the State)."

Sir, according to the estimates of 1954-55, as contained in page 123, there is a provision of Rs. 1,42,000 only towards the payment of contributions to temples which number : major 223 and minor 1,356. I would like to know whether it is possible to run these institutions numbering about 1,600 with a contribution of the order of Rs. 1,42,000 only. There are certain temples wherein the temple servants are paid at the rate of 4 annas a month. There are certain temples where the salary comes to a maximum of Rs. 8. There are some other temples receiving a grant of Rs. 5,040 a month. So, is it worthwhile having these temples ? Suppose we want these places of worship to be run, then is it not

necessary for us to revise our policy as regards the payment of contributions to them? Most of these temples have in their establishment nearly 16 people. That is the permanent sanctioned strength of the temples. For the salary of these 16 people at least we should give contribution to such an extent as to make them contented. I do not mean to say that they should be given very good salaries. At least just as much as is necessary to make them live must be given to them. We want these temples to be open; we want them to be kept clean and we want to see that in none of those temples where worship is conducted according to Agamas nobody is prevented from entering. The temples must be kept open at all reasonable times and access must be given to everybody and they should be kept clean. These are the three ideas on which we base our contributions to these temples. Some of these major institutions are very fortunate because they have lands granted to them by the previous rulers. Perhaps even these lands will be withdrawn after the Religious and Charitable Inams Abolition Bill comes into force. It may therefore be necessary for us to revise contributions for them also. I am speaking now on behalf of those temples which are the largest in number, namely, minor 1,356. The cash contributions that are being paid to them should be enhanced. In addition to that, most of these temples were built perhaps in the year 1400 or sometimes before that and need repairs which should be attended to. I know the case of one of the temples of that category the car of which was built 300 years ago and now it is in a bad state and I have sent a cut motion in respect of that. It was built during the time of Vishnuvardhana and the temple car has become rickety. Either we should scrap all these cars or we should see that they are maintained in running order. Therefore I urge upon the Government to revise their policy so as to enhance cash contributions to these temples and see that the places of worship are maintained with the dignity with which we want those institutions to be maintained.

Mr. DEPUTY SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

Sri Kadidal MANJAPPA (Minister for Revenue and Public Works).—Sir, I agree with my Hon'ble friend when he said that these temples should be kept clean and in good condition. The contribution to these institutions is mostly payable by the Government. In most cases the contributions were fixed many years ago; so in some cases the income which the institutions derive is insufficient. Grants will have to be enhanced. But this depends upon the availability of funds. Devotees like my Hon'ble friend Sri Srinivasa Iyengar must take some more interest.

Sri S. SRINIVASA IYENGAR.—That is why they are surviving.

Sri Kadidal MANJAPPA.—Formerly people were God-fearing and they were taking a good deal of interest. The responsibility cannot be entirely thurst upon the Government. The public also should share their responsibility and come forward with substantial donations for the up-keep of these temples.

ಶ್ರೀ ಬಿ. ಎಲ್. ಸುಬ್ಬಮ್ಮ (ಚಿಕ್ಕಮಗಳೂರು—ಮೂಡಿಗೆರೆ).—ಶೃಂಗೇರಿ ಜಹಗೀರಿಯಲ್ಲಿ ಬೆಳವಾಡಿ ದೇವಸ್ಥಾನವಿದೆ. ಅದರ ಮೇಲ್ವಿಚಾರಣೆ ಜವಾಬ್ದಾರಿ ಯಾರದು? ಸರ್ಕಾರದವರನ್ನು ಕೇಳಬೇಕೆ? ಜಹಗೀರಿಯವರನ್ನು ಕೇಳಬೇಕೆ?

ಶ್ರೀ ಕಡಿದಾಳ್ ಮಂಜಪ್ಪ.—ಅದರ ಜವಾಬ್ದಾರಿ ಜಹಗೀರಿಯವರದೇ. Therefore, Sir, in conclusion, I may submit that, if funds are available, the Government is too willing to enhance the contribution. We will do our best to help these institutions.

So far as the point referred to by my Hon'ble friend Sri Srinivasa Iyengar, namely, the temple car of Sri Gunja Narasimhaswami Temple at T.-Narasipur, the estimate has been prepared and the Government have sanctioned Rs. 1,000. Devotees have collected Rs. 1,600. This is insufficient, we recognise that. But so far as Government is concerned, we have sanctioned Rs. 1,000. We will see next year.

Sri S. SRINIVASA IYENGAR.—I withdraw the cut motion, Sir.

The cut motion was, by leave, withdrawn.

Sivaganga Temple.

ಶ್ರೀ ಡಿ. ಎಂ. ಗೋವಿಂದರಾಜು (ನೆಲಮಂಗಲ).— "'47. ವಿವಿಧ ಇಲಾಖೆಗಳು' ಎಂಬ ಬಾಬಿನಲ್ಲಿ ಕೋರಿರತಕ್ಕ 12,33,000 ರೂಪಾಯಿಗಳ 'ಡಿಮಾಂಡ್' ಮನವಿಯ ಸಂಬಂಧದಲ್ಲಿ 100 ರೂಪಾಯಿಗಳನ್ನು ಕಡಮೆಮಾಡಬೇಕು. (ನೆಲಮಂಗಲ ತಾಲ್ಲೂಕಿನಲ್ಲಿರುವ ಶಿವಗಂಗೆ ದೇವಸ್ಥಾನವನ್ನು ಮೇಲ್ಪಾಟು ಮಾಡುವುದಕ್ಕೆ ಜರೂರು ಅವಶ್ಯಕತೆಯಿರುವ ವಿಚಾರವನ್ನು ಸರ್ಕಾರದವರ ಗಮನಕ್ಕೆ ತರುವಂತೆ ಮಾಡುವುದಕ್ಕಾಗಿ.)"

ಸ್ವಾಮಿ, ಶಿವಗಂಗೆ ದೇವಸ್ಥಾನ ಬಹಳ ಪುರಾತನ ಕಾಲದ್ದು. ಇದು ಹಿಂದೆ ಕೆಂಪೇಗೌಡನ ಕಾಲದಲ್ಲಿ ಕಟ್ಟಿದ ಶಾಶ್ವತವಾದ ದೇವಸ್ಥಾನ. ಇದರ ಮೇಲ್ವಿಚಾರಣೆ ಯಾವ ರೀತಿ ಇದೆ ಎಂಬುದು ಮುಖ್ಯ ಮಂತ್ರಿಗಳ ಗಮನಕ್ಕೂ ಕೂಡ ಬಂದಿದೆ. ಮೇಲ್ವಿಚಾರಣೆ ಸರಿಯಾಗಿಲ್ಲದೆ ಆ ದೇವಸ್ಥಾನ ಇವೊತ್ತು ಯಾವ ಸ್ಥಿತಿಯಲ್ಲಿದೆ ಎಂಬುದನ್ನು ಹೇಳುವುದಕ್ಕೆ ಸಾಧ್ಯವಿಲ್ಲದಂತಾಗಿದೆ. ಆ ಕಟ್ಟಡವನ್ನು ಸರಿಯಾಗಿಟ್ಟುಕೊಳ್ಳದೆ ಆ ದೇವಸ್ಥಾನ ನೋಡುವುದಕ್ಕೆ ಬಹಳ ಅಶುಭ್ರವಾಗಿ ಕಾಣಿಸುತ್ತಿದೆ. ಅದು ನಮ್ಮ ಇಂಡಿಯಾ ದೇಶದಲ್ಲೆಲ್ಲಾ ಬಹಳ ಹೆಸರುವಾಸಿಯಾದ ದೇವಸ್ಥಾನ. ದಕ್ಷಿಣ ಕಾಶಿ ಎಂದು ಬಹಳ ಪ್ರಸಿದ್ಧವಾಗಿದೆ. ಎಲ್ಲಾ ಕಡೆಯಿಂದಲೂ ಯಾತ್ರಾರ್ಥಿಗಳು ಬರುತ್ತಾರೆ. ಆದ್ದರಿಂದ ಅದರ ಮೇಲ್ವಿಚಾರಣೆಯನ್ನು ಸರಿಪಡಿಸುವುದಲ್ಲದೆ ಆ ದೇವಸ್ಥಾನವನ್ನು ಇಂಪ್ರೂವ್ ಮಾಡುವುದಕ್ಕೂ ಸಹ ಸರ್ಕಾರದವರು ಗಮನಕೊಡಬೇಕಾದದ್ದು ಅವರ ಕರ್ತವ್ಯವಾಗಿದೆ. ಮಾನ್ಯ ಮುಜರಾಯ್ ಮಂತ್ರಿಗಳು ಆ ದೇವಸ್ಥಾನಕ್ಕೆ ಒಂದು ಸಾರಿಯೂ ದಯಮಾಡಿಸಿಲ್ಲ. ಆದ್ದರಿಂದ ಖಂಡಿತವಾಗಿಯೂ ತಾವು ಒಂದು ಸಾರಿ ತಕ್ಷಣ ದಯಮಾಡಿಸಿ ಮೇಲ್ವಿಚಾರಣೆ ವಿಷಯದಲ್ಲಿ ಪರಿಶೀಲನೆ ಮಾಡಬೇಕು. ಆ ರೀತಿ ಪರಿಶೀಲನೆಮಾಡಿ ಅಲ್ಲಿರತಕ್ಕ ತೊಡಕನ್ನು ಪರಿಹರಿಸಿ ದೇವಸ್ಥಾನದ ಕೆಲಸಕಾರ್ಯಗಳು ಸುಗಮವಾಗಿ ನಡೆಯುವುದಕ್ಕೆ ಸಹಾಯ ಮಾಡಬೇಕೆಂಬ ವಿಷಯವನ್ನು ತಮ್ಮ ಗಮನಕ್ಕೆ ತರುವುದಕ್ಕೋಸ್ಕರ ಈ ಖೋತಾ ನಿರ್ಣಯವನ್ನು ತಂದಿದ್ದೇನೆ. ಮೇಲ್ವಿಚಾರಣೆಯಲ್ಲಿ ತೊಡಕುಂಟಾಗಿ ದೇವಸ್ಥಾನ ಬಹಳ ಹೀನಸ್ಥಿತಿಗೆ ಬಂದಿರುವುದರಿಂದ ಇದನ್ನು ಅಭಿವೃದ್ಧಿ ಪಡಿಸುವುದಕ್ಕೆ ಸೂಕ್ತ ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳುತ್ತೀರೆಂದು ನಂಬಿದ್ದೇನೆ.

Mr. DEPUTY SPEAKER.—Cut motion moved:

"That the demand be reduced by Rs. 100."

ಶ್ರೀ ಎಸ್. ಸಿದ್ದಪ್ಪ (ಮಾಗಡಿ).—ಸ್ವಾಮಿ, ನನ್ನ ಸ್ನೇಹಿತರಾದ ಶ್ರೀ ಗೋವಿಂದರಾಜುರವರು ತಂದಿರತಕ್ಕ ಈ ಕತ್ತರಿ ನಿರ್ಣಯವನ್ನು ನಾನು ಅನುಮೋದಿಸುತ್ತಾ ಒಂದೆರಡು ವಿಚಾರಗಳನ್ನು ಹೇಳುತ್ತೇನೆ. ಇದು ಒಳ್ಳೆಯ ಪುಣ್ಯಕ್ಷೇತ್ರ. ಇಲ್ಲಿಗೆ ಲಕ್ಷೋಪಲಕ್ಷ ಜನ ಯಾತ್ರಿಕರು ಬರುತ್ತಾರೆ. ಇದಕ್ಕೆ ಉತ್ಪತ್ತಿ ಬಹಳ ಹೆಚ್ಚಾಗಿ ಇದೆ. ಆದರೆ ಮೇಲ್ವಿಚಾರಣೆಗೆ ಸರಿಯಾದ ವ್ಯವಸ್ಥೆ ಮಾಡಬೇಕೆಂದು ಅನೇಕ ದಿವಸಗಳಿಂದಲೂ ಸರ್ಕಾರದವರಲ್ಲಿ ಪ್ರಾರ್ಥನೆ ಸಲ್ಲಿಸಿದ್ದರೂ ಕೂಡ ಇದುವರೆಗೂ ಸರಿಯಾದ ಅನುಕೂಲ ಕಲ್ಪಿಸಿಕೊಟ್ಟಿಲ್ಲ ಎಂದು ಹೇಳಬೇಕಾಗಿದೆ. ಇದು ಅನೇಕ ಜನ ಬರತಕ್ಕ ಪುಣ್ಯಕ್ಷೇತ್ರವಾಗಿದ್ದು ಭಕ್ತಾದಿಗಳಿಂದ ಕಾಣಿಕೆ ಯಥೇಚ್ಛವಾಗಿ ಬರುತ್ತದೆ. ಆದ್ದರಿಂದ ಸರಿಯಾದ ಮೇಲ್ವಿಚಾರಣೆ ಮಾಡಬೇಕಾದ ಅವಶ್ಯಕತೆ ಬಹಳವಾಗಿದೆ. ಅಲ್ಲಿಗೆ ಬರತಕ್ಕ ಯಾತ್ರಿಕರಿಗೆ ಸರಿಯಾದ ಸ್ಥಳ ಸೌಕರ್ಯ ಮಾಡಿಕೊಡಬೇಕೆಂಬುದನ್ನು ಸರ್ಕಾರದವರೂ ಮನಗಂಡಿದ್ದಾರೆ. ಮೊನ್ನೆ ತಾನೆ ಅಲ್ಲಿ ಜಾತ್ರೆ ನಡೆದಾಗ ಮುಖ್ಯ ಮಂತ್ರಿಗಳು ದಯಮಾಡಿಸಿದ್ದು ಅಲ್ಲಿನ ದೇವಸ್ಥಾನವನ್ನು ಪರಿಶೀಲನೆ ಮಾಡಿದರು. ಆಗ ಈ ಬೇಡಿಕೆಯನ್ನು ಕೂಡ ನಾನು ಮತ್ತು ನನ್ನ ಸ್ನೇಹಿತರಾದ ಶ್ರೀ ಗೋವಿಂದರಾಜುರವರು ಅವರ ಮುಂದೆ ಇಟ್ಟೆವು. ಅವರು ಚರ್ಚೆಮಾಡಿ ಒಂದು ತೀರ್ಮಾನಕ್ಕೆ ಬರುತ್ತೇವೆ ಎಂದು ಅಪ್ಪಣೆ ಕೊಡಿಸಿದ್ದಾರೆ. ಅವರಿಗೆ ಕೊಟ್ಟ ಒಂದು ಅಡ್ರೆಸ್ ನಲ್ಲೂ ಕೂಡ ಅದನ್ನು ಹೇಳಿದ್ದೇವೆ. ದಯಮಾಡಿ ಅಲ್ಲಿ ಬರತಕ್ಕ ಯಾತ್ರಾರ್ಥಿಗಳಿಗೆ ಸ್ಥಳ ಸೌಕರ್ಯವನ್ನು ಏರ್ಪಡಿಸಿಕೊಡಬೇಕು ಮತ್ತು ಅಲ್ಲಿರತಕ್ಕ ನ್ಯೂನತೆಯನ್ನು ಸರಿಪಡಿಸಬೇಕೆಂದು ಹೇಳಿ ತಮ್ಮಲ್ಲಿ ಪ್ರಾರ್ಥಿಸಿಕೊಳ್ಳುತ್ತೇನೆ ಮತ್ತು ಇದನ್ನು ನಾನು ಒತ್ತಾಯಪಡಿಸುತ್ತೇನೆ.

ಶ್ರೀ ಕಡಿದಾಳ್ ಮಂಜಪ್ಪ.—ಸ್ವಾಮಿ, ಶಿವಗಂಗ ಎಂಬುದು ಒಳ್ಳೆಯ ಪುಣ್ಯಕ್ಷೇತ್ರ ಎಂದು ಕೇಳಿದ್ದೇನೆ, ನೋಡಿಲ್ಲ. ಈ ದೇವಸ್ಥಾನದ ಮೇಲ್ವಿಚಾರಣೆಯ ಬಗ್ಗೆ ಒಂದು ಸಮಿತಿ ನೇಮಕಮಾಡಬೇಕೆಂದು ಹೇಳಿ ಇತ್ತೀಚೆಗೆ ಸರ್ಕಾರದ ಆಜ್ಞೆಯಾಗಿದೆ. ಈ ದೇವಸ್ಥಾನದ ಹೆಸರಿನಲ್ಲಿ 10 ಸಾವಿರ ರೂಪಾಯಿ ಅಲ್ಲಿ ಜಮಾಇದೆ. ಸರ್ಕಾರದವರು 1,000 ರೂಪಾಯಿ ಜನವರಿ ತಿಂಗಳಿನಲ್ಲಿ ಸ್ಯಾಂಕ್ಷನ್ಮಾಡಿದ್ದಾರೆ; ಸದ್ಯಕ್ಕೆ ವಿದ್ಯುಚ್ಛಕ್ತಿ ದೀಪ ಅಲ್ಲಿಗೆ ಹಾಕಬೇಕೆಂದು ಯೋಚನೆ ಮಾಡಿದ್ದಾರೆ.

ಶ್ರೀ ಎಸ್. ಪರಮೇಶ್ವರಪ್ಪ (ಸಿರಿಗುಪ್ಪೆ).—ಈ ದೇವಸ್ಥಾನಕ್ಕೆ ಹೋದ ಆದಿತ್ಯವಾರ ಹೋಗಿದ್ದೆವು. ಶ್ರೀಮಾನ್ ಸೋಲೂರು ಸಿದ್ದಪ್ಪನವರು ಹೇಳಿದ್ದಂತೆ ಅಲ್ಲಿ ಸರಿಯಾದ ಸ್ಥಳಸೌಕರ್ಯ ಒದಗಿಸಿಕೊಡಬೇಕಾದದ್ದು ಬಹಳ ಅವಶ್ಯಕ. ಆ ದೇವಸ್ಥಾನದ ಒಳಗೆ ಎಲ್ಲೆಲ್ಲಿ ನೋಡಿದರೂ ಕಸಕಡ್ಡಿ ಬಿದ್ದಿದ್ದು ಬಹಳ ಹೊಲಸಾಗಿತ್ತು, ಬಹಳ ಅವ್ಯವಸ್ಥೆಯಾಗಿತ್ತು. ಅದನ್ನೆಲ್ಲಾ ಸರಿಪಡಿಸಬೇಕು.

Mr. DEPUTY SPEAKER.—The question is:

"That a sum not exceeding Rs. 12,33,000 be granted to the Government to defray the charges which will come in course of payment during the year ending 31st day of March 1955, in respect of 'Miscellaneous Departments'."

The motion was adopted.

Mr. DEPUTY SPEAKER.—The House will now rise for the day and meet tomorrow at 8-30 A.M.

The House adjourned at Five of the Clock to meet again at Thirty Minutes past Eight of the Clock on Thursday, 25th March 1954.

WD 1581—GPB—550—22-6-54